### MARYLAND STATE DEPARTMENT OF HEALTH

	a St., Baltimore 830	39
CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Substitution for the County County  City or town (If outside city or town limits, write RURAL and give nearest tow Street No. 3444 - Office County	vn)
3. (a) FULL NAME Stanley addicho	3. (b) Social Security Number	r
4. Sex 5. Color or race (a) Single, married, wildowed, or divorced  Male White Maniel  6.(b) Name of husband or wife Jala Smith  8.(c) If alive, give age	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.4.  19.4.4. to fact. 1.0.  and that I last saw h. (Mar. alive on fact. 1.0.)	19. 17
1. Birth date of deceased (mo., day, yr.) August 5 - 1864  8. AGE: Years Months Days If less than one day  77 5 5	Immediate cause of death	DURATION
9. Birthplace. O. M. M. (Town, county, and state)  10. Usuat occupation M.	Due to Sun and Sun	S.A.
11. Industry or business  12. Name	Other conditions	
14. Maiden name Many Weaver 15. Birthplace Penge	Major findings of operations	
16. Informant Samilarum Brends Address Laurel Sanitarum Laurel, Maryland	Autopsy results	aDy.
17. (Burlar, cremation, or removal. Which?)  Date thereof January (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	***************
Cemetery or crematory	Where did injury occur?	:)
18. Funeral director Alle S. H. Phillips Co.	Means of Injury Injured at work?	
Address A9 8 / 7 - Brasheare  (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Laurel 5 Laurel Illd Bate signed 1/10	2/47

PLEASE WRITE



PLEASE

age

1 PLACE OF DEATH.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

00758 Reg. Diat. No. 2450

County Princ	e George	Count	ty	(For newborn infants give residence of mother)
City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?		TTS	State Maryland County Montgomery	
(If o	utside city or town	months	UKAL and give nearest town)	City or town Bethesda, Mary land (If outside city or town limits, write RURAL and give nearest town)
How long in above place Hospital, institution, or	etreel addrees where	death occurred:		Street No. 4511 Harling Lang
5408 15	th Ave.	Michig	an Park Hills	(If rural, give LOCATION)
How long in hospital or	institution?		***************************************	2.(a) It veteran, name war. NO
3. (a) FULL NAMI				3. (b) Social Security Number
	CHARLOTT	E ANN	ALDEN	None
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Mar	ried	20. DATE OF DEATH JAM. 20 1947, 21205 P.M.
6.(b) Name of husband	Ever	ett A.	Alden	21. I CERTIFY, that death occurred on the date above etated; that attended deceased from
			) It alive, give age 48 yeare	(lig. 1 1946, 10 yau. 20 1947
7. Birth daie of deceased (mo., day, y	Jan	7, 189		and that I last sawh & R alive on 19 1847.  Immediate cause of death Simulality & DURATION
8. AGE: Years	Months	Daye	It less than one day	metastatie alendear cinoma 2'2"
48	0	13	hremin.	
В	altimore	. Mary	land	Due to adenocas cinqua of
9. Birthplace		tate) kod Cross	rection - grade + 2 ) 2/2 years	
		an red cross	Due to	
11. Industry or busines	s			
William H. Bosley  12. Name William H. Bosley  13. Birthplace Baltimore, Maryland		ЭУ	Other conditions	
13. Birthniace	Baltimor	e, Mar	ryland	
W W	Susan A	. Burk	chart	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name.	Rel ti mor	A Mar	rvland	Major findings of operations
≥ 15. Birthpiace	Dar or mor	- A	Man	Combined algomino- Date of op Jarde 29, 1945
16. Interment Mr	. Everet	t A. A	alden	Antopay results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 451	l Harlin	g Lan	e, Bethesda, Md.	
Burial		Date there	1/23/47	22. VIOLENCE: It death was due to external causes, till in the toilowing:
(Buriai, cremation	, or removal. Which	?)	(month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremato	, Cedar	HILL	Demetery	Where did injury occur? (City or town) (County) (State)
Location Su	itland,	Maryla	and	Injured at home, farm, industry, public place (where?)
	100 A	· hree	(Teremoster	Means of injury Injured at work?
18. Funeral director	hesda, A	larvler	The man was	8 1 -0 0 m
Addrese De C	nobud, .	-71		23. SIGNATURE & Muall H. Fuger, n. M.J.
10 Van 22	- 1947	Janu	, Devey	M. Der other
(Date rec'd by registrar) Registrar				Address 1801 EyE St. N.W., Wash Die Signed Jan. 20, 194;



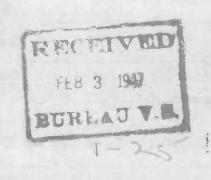
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### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 157.9 CERTIFICATE OF DEATH

An I a	ロハウにい	
	UUILION	1
	Reg. Dist. No. 234	×

1. PLACE OF DEATH: GLORGES	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
10. 16	State Marshand County Prince League
(If outside city or town limits, write RURAL and give nesrest town)	Then will
How long in above place of death? 20 Class	(If optside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cuthur allen alexander	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White trigle.	20. DATE OF DEATH Sau 20 1947 of YG. M
Melin almoster a	21. I CERTIFY that death occurred on the date above slated; that I altended deceased from
6.(b) Name of husband or wife	Jan 102 19 47 to Jan 20 19 27
7. Birth date of	and that I last saw h wire alive on James Carry 29 1947
deceased (mo., day, yr.) Jan, 10= 1947	Immediate cause of death
8. AGE: Years Months Days It less than one day	Mal hutulion 20da
20hrsmin.	7
9 Birtholace Or on Well nd	Due to Chillstonal Muscular mertia, 200/age
(Town, county, and state)	due to malformation. There was no
10. Usual occupation.	Due to Complette occhi aioni
11. Industry or business	Cut R
12. Name Meloin alexander	Other conditions.
12. Name Melon alexander	
# 14. Maiden name 19 enth Price	(Include pregnancy within 3 months of death)
14. Malden name 9 with Price  15. Birthplace Provide Will md.	Major fiadiags of operations.
≥ 15. Birthplace	Date of op.
16. Informant La Mila Me alle ander	Antopsy resulta
Address 4922 depuistor Rel 192002	
17 Berial Bote thereal Jan. 31-1949	22. VIOLENCE: If death was due to external causes, fill in the following:
17 (Burial, cremation, of removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedan Helf Cemetery	Where did injury occur?
Location Scattland Rd. Suitland md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Thomas J. murray	Mesns of Injury Injured at work?
	04/000
Address 2007- Nichols age. Ste. 8.6.	23. SIGNATURE MITTING M. MILE 19 19. D. or other
18 thu 30 1947 Smard Beach	11. 0 11 0 -1 . 0 -1 . 0
(Date rec'd by registrar) Registrar	Address 4400 Dances Pul Date signed 1 394



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

007603 9 Reg. Diat. No. 23 9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
DI Pinal Dansel	State Maryland County Calvert
(If outside city or town limits, write RURAL and give nearest town)	1-n - Th D-
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Washington Blind - Slavis Hour	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KICHARD	ALLEN
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Baby	28. DATE OF DEATH JANUARY 6 19.47 21 6:35AM
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	9/5 1946, 10 1/6 1841
7. Birth date of deceased (mo. day, vr.) TIDIE 17 1946	and that I last saw h. 1.7% alive on 12/24 19.46
deceased (mo., day, yr.) UNE // /946  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Daniel DURATION
— 6 /9hrsmin.	2 myc
	And a taken 9-5 Game
B. Birthplace (Town, county, and atate)	Due to duflille 2-38ams
16. Usual occupation	Bus la
11. tndustry or business	Due to
= 12, Name Carol Chester allen	Other conditions Conglinta of sline of life
12. Name Cart Chester allen  3. Birthplace Piedmont Mo.	ball reverse rushingsion 6 ma
14. Maiden name mildred Weiss	Anclude pregnancy within 8 months of death)
15. Birthplace Brooklyn N. y.	Major findings of operations
2.0. 20 At - 0.00 (	
16. Intermant Children alles	Autopsy results
Address North Beach, Mary and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, eremation, or removai, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory art aston Mational Cemetery	Where did injury occur?
11/20 K 10 C	Injured at home, farm, Industry, public place (where?)
£01172: 0	Meens of Injury Injured at work?
18. Funeral director Adams Alandar	1.1 2 1. 12.6
Address 38/ Main St., Jaurel Md.	23. SIGNATURE John Attablus, Mile
10/-7 1047 Caa a Waclite	Kanall, Mik. M.D. or other 47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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JAN 13 1947
BURBAU V 3

2-2390- 2-10

very item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING mation should be carefully supplied. WRITE

V. S. No. 1
N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Prince Georges	Registration Dist. No.
Village or City herbect	No. J. E. Crescent RD. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2. FULL NAME JULIA W. BACH	If U. S. Veteran, specify WAR
(a) Residence: No. 7 E Crearest Rd.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Surgery  (Mopal)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of THEODORE F. BACH	22. I HEREBY CERTIFY, That I ettended deceased from 26 ,1947, to 29 ,19.77.
6. DATE OF BIRTH (month, day, and year) NOVEMBER 10, 1869 7. AGE Years Months Days If LESS than 1 day,	I last saw h.ex alive on 25 , 19 Y7; death is said to have occurred on the date steter above, at 2.70 m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
7/ of 17 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housewife.	Raspusalon failure
9. Industry or business in which work was done, as SILK MILL,	Lofornaing Jamesto
SAW MILL, BANK, etc	
O 10. Date deceesed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) LEONAAD TOWNE,	Other Contributory Causes of Importance:  Chonic Ripo cardosis
(State or country) MARY LAND	dee to loverer In. 11.
13. NAME MICHAEL WILKINSON	iciling
13. NAME MICHAEL WILKINSON  14. BIRTHPLACE (city or town) MARYLAND  (State or country)	Neme of operation
15. MAIDEN NAME SULIA STONE	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME JULIA STONE  16. BIRTHPLACE (city or town) MARYLAND  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT HELEN M: 3.0ELLNER (Address) #7E CRESCENT ROAD, GAGENBEL	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MT. Olivet Cerulary Oate Februar 1, 1947	Manner of Injury
19. UNOERTAKER James J. Syan, Jone. (Address) 317 Renna ase, S.E.	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEDAM 30 , 1947 Jams Serry Registrar.	(Signed) William M. Eisney M. D.  (Address) 30 B. Ridge Rd; Greenheld, had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Δ			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		FEB 3 1909	

ADDITIONAL	SPACE FOR	FURTHER	STATEMEN	TS BY P	HYSICIAN
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PLEASE WRITE

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

00762

Reg. Dist. No. 243.

county Prince Georges	(For newborn infants give residence of mother)
Cliy or town Glenn Dale, Maryland, (If outside city or town limits, write RURAL and give nearest town)	State D. C. County
	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Glenn Dale Sanatorium	Strest No. 222 Mississippi Ave., S. E. (If rural, give LOCATION)
How long in hospital or institution?1	(If Fural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
JESSAMINE C. B	EW
4. Sex 5. Color or race 6.(a) Single, marrisd, widowsd, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH 021 24 1047 at 12.10A M
S.(b) Name of husband or wifs Peter H. Bew	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept 27, 1845 10 Jan 24, 1847
T. Birth date of T. B. C. (c) If alive, give ags 55 years	and that I last saw h 22 alivs on 24 1947
deceased (mo., day, yr.) Feb. 7, 1907	Immediais cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculous 14,7 mo
39 39 11 17hrsmin.	
9. Birthplace Youngsville North Carolina (Town, county, and atate)	- Dro-le
	Tuberculous Laryugitis 11 mm
10. Usual occupation Nurse, R. N.,	Due to
11. Industry or business	
Frederick A. Cheatham  13. Birtholacs Oxford, North Carolina	Dither conditions
13. Birthplacs Oxford, North Carolina	
	(Include pregnancy within 3 months of death)
	Major findings of operations
16. Informant Deceased	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicids, or homicide
Cemetery or cramatory To Washington JC	Where did injury occur?
Location	Injured at home, farm, Industry, public place (whers?)
18. Funeral director W. W Chambus Co	Msans of injury Injured at work?
	$\Omega$ . $\Omega$ $\Omega$
Addrsss 517-11 - St. S.E.	23 SIGNATURE & priel 620 Finicare m.D.
Jan 24 UTR Sand of Philips	M, D. or other
19. (Date pec'd by registrar) Registrar	Address Vale Mal Dale signed 1/24/47



2-2430- 2-10

PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00763

Reg. Dist. No. 243

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME PHYLISS IVENE BLE	3. (b) Social Security Number 577-20-6695
Female   S. Color of race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
6.(b) Name of husband or wife James Harold Blevins  6.(c) If alive, give age 32 years  7. Birth date of deceased (mo., day, yr.) July 23, 1921	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    3
8. AGE: Years Months Days If less than one day 25 25 5 7	Pulmoney taleralis 8 mg
9. Birthplace. Buffalo, New York  10. Usual occupation. Housewife  11. Industry or business  12. Name. Fred Meininger  13. Birthplace Buffalo, New York	Due to
14. Maiden name Ruby Peters  15. Birthplace Wharten, Pennsylvania	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Deceased	Autopsy results
17. Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location to Washington Date thereof (month) (ddy) (year)	22. VIOLENCE: 11 death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. W. W. Chambers Co. (R. M.).  Address 5 17 - 11 to St. S. E. Wayl. D. C.  19. Quan 16 18 47 Roundard S. Philips	Means of Injury  1 Injured at work?  23. SIGNATURE Daniel Leo Finescare M. D. or other  M. D. or other  Address of Rose Street 1/14/47.

JAN 23 1947 BUREAU V B

2-2+30-2-10

correct age

UNFADING INK. Supply every item of information carefully. The cont. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

\* 0076545T

1. PLACE OF DEATH: County Trunce Leavy	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn lufants give residence of mother).
City or town Ayaltsvolle-	State Maryland County Trainer Sterry
City or town (15 of side city or town limits, write RURAL and give nearest town)  itow long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doubt eccurred:	(17 outside city or town limits, write RORAL and give hearest town)
aboptal, totaleton, or steel seators where seem southern	Street No. 6 210 - 4 4 Care (If rural, give LOCATION)
New long in hespital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Beverly. Mae Bookstaver	
4. Ses 5. Poler or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Single	20. DATE OF DEATH, January 30, 19 47 21/2:15p
Karaman Karama	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
Q.(b) Name of husband or wife	Januar 9, 1847 10 Jan. 30 1841
7. Birth date et	and that I tast say h. R. K. slive on Jon 29, 1347
decoased (mo., day, yr.) Man 28, 1926	Immediate cause of death DUAATION
8. AGE: Years   Moeths   Days   If lees than one day	Myscardial Insufficiency 1-mo.
20hrsmia.	
Enclient no	Due to Rheumatic heart disease
(Town, county, and state)	with oratteinsufficiency 6 mo.
10. Usoal occupation Cashies	and mittal stanoses.
11. Industry or business Pandull, Hagner	
12. Hame Home & Bookslawer Is. Birthotace Brooklyn Fa	Other conditions
13. Birthplace Bwoklyn Fa	(Iuclude pregnancy withiu 3 months of death)
14. Maldon name Eva In Edwards  15. Birthplace Centervellage Ry	
5 Oa > D.	Major findings of operations
\$ 15. Birthplace (Intervellage My	Date of op.
18. Informant Alones T Subhitany	Autopay results
Address 6410-44and	
17 Rem 1 Date thereof Lan 30 1947	22. V10LENCE: If death was due to external causes, fill to the following:
(Burie, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery er crematory	Where did injury eccur?
Location Washington De	Injured at home, farm, industry, public place (whore?)
18. Funeral directer Addition Co	Meaos of injury Injured at work?
9 Ba 111 1 X - 100	- tough Barron wil
Address 1901-1951 5 w ST.	23. SIGNATURE M. D. Sprather
19. Jan. 30 1947 Mrs. Jos. Devere	144 62- Knowles ove, Date stoned from 30

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

2411 N. Charles St., Baltimore	
CERTIFICATE OF DEATH	100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant rive residence of mother)
City or town	State Mary Lynny County / Lines ( 1509 &
(ir odtside city or town limits, write NUNAL and give nearest town)	City or town
How tong in above place of death?	Sireet No. 320 - Marshall acquire hearest town)
	(R rural, gwoLOCATION)
How tong in hospital or institution?	2.(a) if veteran, name war
Henry tohny Tober	3. (b) Social Security Number
4. Sex 5. Crior or rate 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
M M Dingle	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I artended deceased from
	19 19 10 10 10 13 13 13 13 13 13 13 13 13 13 13 13 13
7. Birth date of deceased (mo., day, yr.) Usa 16 1873	and that I last saw II. Manalive oo
8. AGE: Years Months Days It fess than one day	Immediate cause of death DURATION
73 0 25hrsmin.	Pancino
9. Birthplace Macy Land	Due (b.
Jown, county and state)	
tO. Usual occupation	Due to
11. Industry or business mongeton flynds	
12. Name 11. Name 12.	Other conditions
# 14. Majden name Hersen Star Grove	(Include pregnancy within 3 months of death)
15. Birthplace Shausefula Ya	Major findings of operations.
16. Informant mo al house Bower.	Autonsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12. Jan 11/194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, sulcide, or homicide
Cemetery or crematory	There did injury occur?
Location Toller Marchenger	Injured at home, farm, industry, public place (where?)
18. Funeral director / Sell to Monallogy	Means of injury tnjured at work?
Address Saurel md	as souther & M. Marken ma
19 Jan 13 197 M. Denohears	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

JAN 15 1947
BUREAU 8

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M. D. or other

### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No.
land write RURAL and give nearest town)  Land secorred: yalls ville, Md.	Street No. 5801 Queeus	County Crass Deorge

City or town		Street No. 5801 Queens	give LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
Miss Mary Brya	W		
4. Sox (5. Color obtaco)  female white	6.(a) Single, married, widowed, or divorced single	All	CERTIFICATION 19 11 11 11 11 11 11 11 11 11 11 11 11
8.(6) Ramo of heaband or wite	B.(c) If silve give spe year	21. I CERTIFY that death occurred on the data	above atated; that I attended deceased from
8. AGE: Years Montha 68 10 9. Birthplace. Washing tow (Town 10. Usual occupation household 11. Industry or bosiness	Baya   It less than one day   14	Duo to.	to the second
Na Birthplace Incland		Major findings of operations	n 3 months of death)
Address 580/ Queens Chapel Road Hyattoville md  17. (Burial, cromation, or removal. Which?)  Cemetery or crematory. Which?)  Location. Washington, M.		Autopsy results	o which death should be charged statistically.
200000	1 ( Collins	Meana of Injury	injured at work?

barlath

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23. SIGNATURE.

Address.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Orince Glorge

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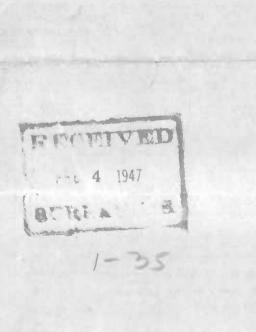
(Date rec'd by registrar)

HINT WE STATE DEPARTMENT OF WALKE

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DURATION

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# CERTIFICATE OF DEATH

	000000
1	Reg. Diat. No. 242
4	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
county Typica George	State maryland County Prince george
City or town (If outside city or town limits, write RURAL and give nearest town)	1 × Dlan T
How long to share place of death? 3 0 years	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 523 addewn Road
523- addison tool	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, namo war
3.(a) FULL NAME William Robert Ca	3. (b) Social Security Number
4. Sox   5. Color or race   6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
male white blevareed	20. DATE OF DEATH. 28 19 47, 21 2 4 M
	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
8,(b) Namo of husband or wife	19 10
7. Birth dato of	and that I last asw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Congestive heart facture
40hrsmin.	
9. Birthpiace Lettics (County, and state)	Due to Remote heart disease
1B. Usual occupation Sterotyle	Rue to.
11. Industry or businese News Poker	Due (V
S 12 Name William a. Cady	Rther conditions
E 1 O + 19T	
13. Birthplace Washington Manuall	(Include pregnancy within 3 months of death)
14. Maiden namo Martha De mundelles 15. Birthpiace anacostia	Major fiadings of operations.
El 15. Birthpiace anacosta	
18. Informant Marcha Marcha Cat	Autopsy results
Address 523 - address Road Lead Pleament	22. VIOLENCE: If death was due to externat causes, fill in the following:
17 Buriel Bate thereof Jan. 30 47	
(Burial, cremation, or removal, Which?)  Date thereof (Max.)  (month) (day) (year)	Recitant automat of transferred
Cemetery or crematory.	Where did injury occur?
Location Washington DC	Injured at home, farm, Induetry, public place (where?)
1) and Alines and Horse	Moone of Injury Injured at work?
18. Funeral director.	Reputy medical comme
Address 4812 Sa. Ove no.	23. SIGNATURE M. D. or other
19 Jan. 28 19 47 Carrie & Campbell Registrar	Address Folestalle mer Bate signed 1-28-47

comet age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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PLEASE WRITE

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2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 2431

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State D. C. Coucity  City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 604 M. Straet, N. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME FELMON. CHISHOL	3. (b) Social Security Number 577-22-0873
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Separated   Sepa	MEDICAL CERTIFICATION  2D. DATE OF DEATH. LUCY Two 19 47, 21 4A. N  21. I CERTIFY that doubt occurred on the date above stated; thurst attended deceased from
7. Birth date of deceased (mo., day, yr.)  January 25, 1920	and that last saw h cinalive on Larry 7 to 19 47.  Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	(Islammary) uluxeuloin 7 min
9. Birthplace Charleston, South Carolina  10. Usual occupation Janitor  11. Industry or business Sheraton Hotel	Due to
12 Name Richard Chisholm   13 Birthplace Charleston South Carolina	Diher conditions
13. Birthplace Charleston, South Carolina.  14. Malden name Sadie Brent  15. Birthplace Charleston, South Carolina	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Deceased	Antopsy results
to Date thereof. January (Burial; cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory  Location  Washington  C	Where did injury occur?
18. Funeral director R. N. Horlow  Address 3 22 U - ST NN Wash. D  19. (Dayle rec'd by registrar)  19. (Dayle rec'd by registrar)	23. SIGNATURE D'Aniel LED Pinucane ME
(Dafe rec'd by registrar) / Registrar	Address Date signed Date signed

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JAN 20 1947 -

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH  Reg. Dist. No
PLACE OF DEATH:  ounty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
ELTON JAME.	S CHURCH  3. (b) Social Security Number
4. Sex  S. Color or race  6.(a) Single, married, wildowed, or divorced  Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Jan 20 16 7 , 21 //
6.(b) Name of husband or wife M	Immediate cause of death DURA
9. Birthplace	Due to Due to
12. Name James Church  13. Birthplace Va.	Diher conditions
14. Maiden name un luour  15. Birthplace un luour	Major findings of operations
16. Interment Minnie Church Address 4705 41 Pl. Hyaltaville	
17. Burial (Burlal, cremation, or removal, Which?)  Cemetery or crematory Harmony Cemetery	22. VIOLENCE: If dealh was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Washington D. C. 18. Funeral director. Henry S. Washington & Son	Injured at home, farm, Industry, public place (where?)
Address 467 NSt. n.u. Waste, H.C.	23. SIGNATURE. L. S. SIGNATURE. M. D. or other

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

00772310 Reg. Dist. No. 2310

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town.  (If outside city or town limits, write RURAL and give near  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security N	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  2D. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended decean 29 Alecensher 19.46 to 15 Alecensher  and that I last saw h. 27 Alecensher	sed from
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause ut death  Carebral Thrombons	DURATION 3 weeks
9. Birthplace	Due to Anterio schrotic cardia vaseulas  Due to	Uph
12. Name Gonso Na Clage II  13. Birtholace Upper Marlborn In Lea. G. That  Caroline, Van Contractor	Other conditions	
15. Birthplace Keokuk, Sowa	Major findings of operations.  Date of op	
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged s  22. VIOLENCE: If death was due to external causee, fill in the following:  Accident, suicide, or homicide	tatistically.
Location Apple Aprilbors and	Where did injury occur?	
18. Funeral director. Mar boro and  Address Aprix Ray boro and  19	23. SIGNATURE Bater Barlions and Bate signed.	4 · A



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH:  County Prince Georges	State D. C. Couoty	
City or fown. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?		
Glenn Dale Sanatorium  How long in hospitat or Institution? 7 mos., 5 days		
3.(a) FULL NAME LENA C. CLARK	3. (b) Social Security Number 579-12-9090	
4. Sex 5. Color or raco 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Colored Married	20. DATE OF DEATH. 20. 9 19 47 218 5 A.	
6.(b) Name of husband or wife Donald Clark  6.(c) If alive, give age 26 years  7. Birth date of deceased (mo., day, yr.) December 10, 1915	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from  19. 4 to 9. 19. 47.  and that Tast saw h.o. r. alive on 9. 19. 47.	
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death OURATION Que More of the Coulomb Grand Gr	
31 31 0 29hrsmin.		
9. Birthplace Montgomery Co., Maryland  10. Usual occupation Domestic  11. Industry or business  12. Name Samuel Jackson  13. Birthplace Loudon, Virginia	Oue to	
14. Maiden name. Bessie White 15. Birthplace Hernon, Virginia  Deceased	(Include pregnancy within 3 months of death)  Major findings of operations	
	Antopsy results	
Address  17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Cametery or crematory.	Where did injury occur?	
18. Funeral director & Comust Carris &	Means of injury Injured at work?	
Address 1432 your st nw.	23. SIGNATURE Daniel Leo Finneaux M.D. or other	
19. (Date per d by registra) 18. (Date per d by registra) Registrar	Address Vlen Vale Ma Cate signed 1-9-47	

JAN 20 1947 BERFATES

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

-	01 1	JAIR X I I		Reg. Dist. No.
S	(For peritate	#//	County	Purce Scoop Ward No.  URAL NEAR and give town)
			3.	(b) Social Security Number
-		MEDIC	CAL CEPTI	FICATION

and legibly.	1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)  A D. YLO	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn intents give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
. 1	3. (a) FULL NAME		
clearly	William B. Clark	3. (b) Social Security N	umber
causes or death	4. Sex 5. Color or race 6.(a) Single married widowed, or divorced  Thomas Thomas 6.(b) Name of husband or wife 1100 Color of 2000 Color of 200	MEDICAL CERTIFICATION  20. DATE OF DEATH Amount of the date above stated; that I attended decease the decease of the date above stated; that I attended decease of the date of the date above stated; that I attended decease of the date	3_18 4-7,
pe	7. Birth date of deceased (mo., day, yr.) All 2 25-74/8-7-8	and that I last saw him alive on garainay 23-	194-/
è	8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
Writ	68 29hrsmin.		5 days
Se	nation a for whell and	V semia	s asyn
leas	9. Birthplace (Town, county, and space)	Due to Carcinoma y exostate	5- dellinist
0	10. Usual occupation - Daysanty		agrand)
cians:	21.011.	Due to	Jamey 1949
SICI	11. Industry or business		
hy	H 12. Name Ollar Collar	Other conditions	
4	13. Birthplace		
nt.	14. Malden name Unit or sewal	(Include pregnancy within 3 months of death)  Major findings;	PHYSICIAN
important	TO	Of operations	Please underline
od	E 15. Birthplace		the cause to which death should be
	16. Informant 1990 J. Oda O. Cleans		charged statisti- cally.
III	Address J. J. W H 2 Landover Toda	Of autopsy	Carly.
especial	17. Date thereos 27-1947 (Burial, eremation, or removal, Which?)  Date thereos 27-1947 (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
ls e	Mr. J. C. Chinal	Where did Injury occur?	
	Cemetery or crematory	(City or town) (County)	(State)
200	Location Desperate 1/10	Injured at home, farm, industry, public place (where?)	
ect	18. Funeral director Thomas Marier-Co.	Means of Injury Injured at work?	
Por	280 D 0 11 111	0/5///	
1	Address 907-01. O. Work M. W.	23. SIGNATURE	MD.
	when 24 At Mrs Ack Leane De	M. D. of	rother
	(Date rec'd by registrar)	Address 2 acut Breywww Wash LD (Date signed)	Jan. 24,04>

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information carefully of death clearly and THE UNFADING INK. Supply every item of portant. Physicians: please write the causes

FOR BINDING

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WRITE PLEASE

	CERTIFICAT	E OF DEATH	Reg. Di
City or town. Glenn Dale, M (If outside city or town lim How long in above place of death? 5. d Hospital, institution, or street address where de Glenn Dale Sanat How long in hospital or institution? 5  3. (a) FULL NAME	ays	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State D. C. Coue City or town Washington (If outside city or town limits.  Street No. 312 E. St., S. (If rural, give 1 2.(a) If veteran, name war.	write RURAL
4. Sex   5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	PTIFICAT
	married	MEDICAL CE	RITFICAL
female colored	married	20. DATE OF DEATH.	9
T. Birth date of	mond Colbert  6.(c) If alive, give age 48 years 24, 1902	21. I CERTIFY that death occurred on the date above 3 19.7 and that f last saw h.R.f. 2live on	e stated; that i a
8. AGE: Years Months	Days If less than one day	Pulwonary Tube	
44 44 11	15hrsmin.		
9. BirthplaceWashington		Due fo	
12. Name Frank 13. Birthplace Washington, D. C.		Other conditions	
		(Include pregnancy within 3 m	ontha of death)
14. Maiden name Marie Pryor 15. Birthplace King George, Virginia		Major findings of operations	Date
16. Informant Deceased		Autopsy results.	
Address		PHYSICIAN: Please underline the cause to whi	ch death should
17. Remarkation or removal. Which?)	Date thereof (month) (day) (fear)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	
Cemetery or crematory	lungton D.C	Where did injury occur?(City or town)	(Coun
Location		Injured at home, farm, industry, public place (who Msans of Injury	erer)Injured a
18. Funeral director	ampbell	msans or injury	2 1
Address 423.424.0	W	23. SIGNATURE Lanel La	o Fu
19. Jan 9 1947	Couland S. Plukeps Registrar	Address & lem Dale	ma

	Street No. 312 E. St., S. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.
	3. (b) Social Security Number
	MEDICAL CERTIFICATION
	20. DATE OF DEATH. 9 1947 11 9 20 A
	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
ars	and that f last saw h
-	Immediate cause of death
	Pulmonary Tuberculouis 1 yr
in.	0
	Due fo
****	Due to
	Other conditions
-	(Include pregnancy within 3 months of death)
	Major findings of operatious.
_	Date of op.
	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
-	
	Accident, suicide, or homicide
	Accident, suicide, or homicide
	Where did injury occur?
	Where did injury occur?

..... County .....

JAN 20 1947

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CEDTIE	CATE	OF	DEA	TH

CERTIFICA	TE OF DEATH Reg. Dist. No. 242
1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. County Count
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Tensel white   warned	20. DATE DF DEATH 21. I CERTIFY that leath occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age 4.9 year  7. Birlh date of deceased (mo., day, yr.)  8. A.G.F. Years   Months   Days   If less than one day	19
8. AGE: Years Month's Bays IT less than one day	De Cardo recular reval
10. Usual occupation	Diher conditions. Altoholos
14. Maiden name. Matilda Hudson  15. Birthplace opline masouri	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 22 Date thereof (Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to externat causes, fill in the following:  Accident, suicide, or homicide
Location Scittland Road.  18. Funeral director. W. W. Chambers Co.	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
19 Jan. 22 19 4 6 Carrie F. Camplel ((1) ate rec'd by registrar)	23. SIGNATURE MAD. or other ar Address. J. J. J. Lull Date signed



PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address Laguel, Mary Sand

CERTIFICA	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	State Mary Land county Prince Levige
Row long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death, occurred:	Street No. 3201 Perry SI
Laurel 5 anstarions	(If roral, give LOCATION)
How long in hospital or institution? 11 days	. 2.(a) If veteran, name war
3. (a) FULL NAME Edward Robert D.	3. (b) Social Security Number
Hale Whole Married, widowed, or divorced Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Man questit framache	21. I CERTIFY that do the occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day. yr.) November 27-1902	and that I last saw publicative on form June 19. 45.
8. AGE: Years   Months   Days   If less than one day	
44 /hrsmin	Cardine be compensation mp 12/21/4
9. Birthplace Lewise	Due to
(lown, county, and state)	Mital Regungetation Unk
10. Usual occupation. Seating Challactor  11. Industry or business	Due to
	Other conditions al wholes in
12. Name Missis illustration	
	(Include pregnancy within 3 months of death)
14. Malden name Alie Wald  15. Birthplace Missishi	Major findings of operations
	Bate of op.
16. Informant January Mcondo	Antopsy results
Address Laurel San, Laurel, Mid	22, VIOLENCE: If death was due to external causes, titl in the following;
(Burial, cremation, or removal. Which?)  Bale thereof. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Wash Wall wind tal le shall	tajured at home, farm, industry, public place (where?)
18. Funeral director Um. J. Malley	Means of injury Injured at work?
Address 3200 - R. & and. mt. Rainier, ms	23. SIGNATURE Solan L. Wettered, M. S.
(Date fee'd by registrar)	Address Laurel Mary land Bate signed If I T.



1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:

00778

### CERTIFICATE OF DEATH

Reg. Dist. No. 2420

County Prival Deorge	(For newborn infants give realdesce of mother)
Offered Mills rend!	State Maryland County Truck Teo.
(If outside city or town limits, write RURAL and give nearest town)	Wilmer Kill.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 47286 Branch ave
	(If rural, give LOCATION)
	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
MALLIE PARERY FINA	p
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
T W. Widowed.	20, DATE OF DEATH JAN. 22 19 47. 21 4:30 PM
william 6. Elde	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	JAN 8 1947 10 JAN 27 1947
6.(c) If alive, give ageyears	
7. Birth date of 0, 04 170 199 C	and that I last saw h.ef. alive on U.A.IV. 19 19 47.
deceased (mo., day, yr.) July 12 - 10/0	Immediate cause of death
8. AGE: Years Months Days If less than one day	COROMARY THROM bosis.
Phanta Por Ma.	Due to DONGPSTIVE HEART.
9. Birthplace(Town, county, and state)	Oue to QONGESTIVE HEART
10 lieus accupation Nove	THURE
10. Usual occupation	Due to ANTERIOSCIEROSIS.
11, Industry or business A Moule.	
12 Name Asiber R. Darrison	Dther conditions
2-1-	
	(Include pregnancy within 3 months of death)
14. Maiden nand Mary d. Croose  15. Birthplace  15. Birthplace	
150	Major findings of operations.
El 15. Birthplace	Oate of op.
Seles Tolelle 1. Is alson	Astopsy results
4786 Brouch Die & S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7200 Chauch aux. 8. 6.	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Bural Date thereof 1-29-71	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory. Cettar July	Where did injury occur?
Senttoned and	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral directally elle (hambers to	History of tulnity tillness at work!
era 110 Rt & g	7/2-1-1 411
Address Officers	23. SIGNATURE - / Lubaslaw // D.
11 47 (ani 7 (ani 4)	1 1 2 Wash D. grother
19. Hard by registrar	Address 311 2 - Was wel. O.C. Date signed 1-22-47

JAN 24 1947 BY 1-35 ARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

0077231

CERTIFICA	Reg. Dist. No.
1. PLACE DE DEATH: Georgie, Co.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in fanta give ratidence of my free)  Watch will be a supplied of the supp
dy a town ardmore ma.	State Codoty
If outside city or town limits, write-RUKAL and give nearest town)	City or town 4007 - Conn are. n.w
How long in above place of death? / month	(If outside city of town limits, write RULGL and give nearest town)
Hospital, Institution, or street address where death occurred;	Street No. Washington M.C.
	(If you'al, give LOCATION)
	2.(a) It veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME Richard Elle	liots  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH 200 7 19.47 21.9.334.
	21. LCERTIFY that doubt occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	Vov 29 11946 10 Jan 7 1947
	1 2// 47
7. Birth date of 700 17. 1946	and that I last saw h. I. M alive on
deceased (mo., day, yr.)	Immediais cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Intestinal of right gishon
/ 19hrsmin.	Wan a alor of 1 Min
1000	
9 Rirthpiace Wathington VIC.	Due to
9. Birthpiace	
10. Usual occupation More:	. Due to.
11. Industry or business	
12. Name Li Col Gwen Elliot	Dther conditions
12. Name Le Col owen Elliot	
	(Include pregnancy within 3 months of death)
# 14. Maiden name Elizabeth M. Conway	Major findings of operations
	Date of op.
10 Information to the	Autopsy results
Address 4007 Conn are 2 w washington Il	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, till in the tollowing;
Burial Bate thereof fan 4, 1946	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory arlungton terneley	Where did injury occur?
Cemetery or crematory	
Location Carlington (12)	Injured at home, farm, industry, public place (where?)
A Grade sons	Msens of Injury Injured at work?
18. Funeral director	
Address Sylatlandle Mili-	Malan Times
	23. SIGNATURE
19 1/9 1947 Umanda Wouney	Cl. V. J. J. J. J. J. J. R. 47
(Date rec'd by registrar)	Address Cherry - Hyallsulle, Made signed 1-8-47

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JAN 13 1947

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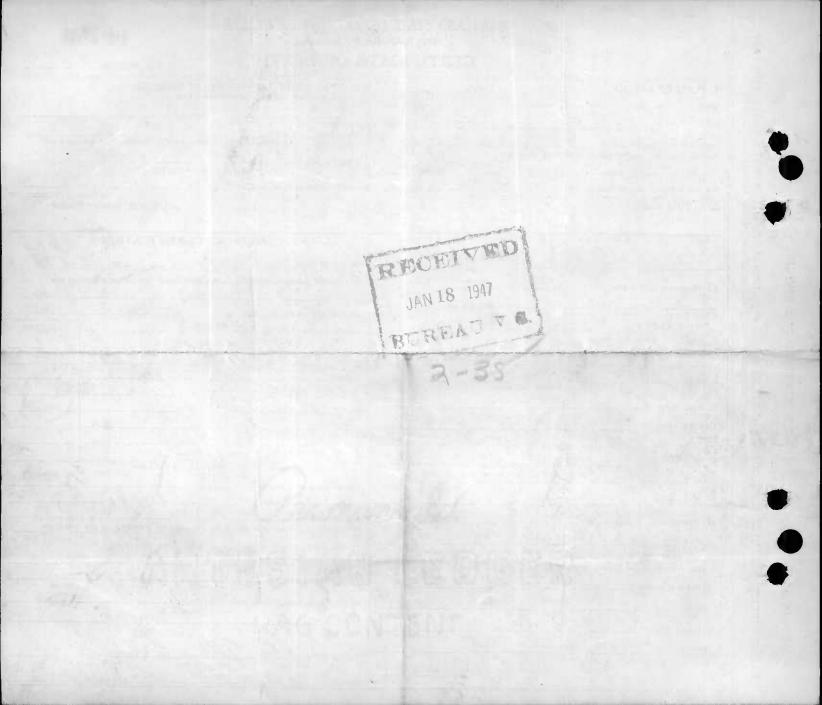
### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

,		()	(j)	18	U	03	
*	Reg.	Diat.	No.	2	3	90	

	ries St., Baltimore 108
CERTIFICA	TE OF DEATH Reg. Diat. No. 237
1. PLACE OF DEATH:  County R. N.C. GEORGES  City or town Land City of town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:  307 R.N.C. GEORGE ST  How long in hospilal or institution?  Z. J. M.A.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Reg newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits write RURAL and give nearest town)  Street No.  (If rursi, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME alta Belle Lai	schankes 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed,	20. DATE DE DEATH JANUARY 9th 1947, at 10
Edward I, Fairbanks	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
B,(b) Name of husband or wife	1 7 1067 to 1 9 186
7. Birth date of	and that I last saw h
7. Birth date of deceased (mo., day, yr.) from 18. 1864	Immediate cause of death Follows DURATI
8. AGE: Years 9 Months Days It less than one day  2 th 2 hrs	n. Jumoua 31
ohio	Due to.
9. Birthplace (Town, county, and state)	acute Clardian
10. Usual occupation housewife	Due to Dilelalia 12
11. Industry or business	
	Other conditions
12. Name marshall Thomas Wonget  13. Birthplace ohio	
	(Include pregnancy within 3 months of death)
14. Maiden name Thirtha Robinson  15. Birthplace Office	Major fiadings of operations
21 15. Birthplace Team Brown	Date of op.
16. Informant This feat West W	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Strwyn may	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
1 Transportation Date thereof Jan 10/1947	Accident, suicide, or homicide
(Buristy cremation, or reserval Which?) (month) (day) (car)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Localion Center Ofio -	injured al home, farm, Industry, public place (where?)
18. Funeral director of Sascha Son	Means of Injury Injured at work?
Address Styattsville Ind	a Mola a
I D I VI	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 1947 Umanda Vauvey Degistra	11 19-1
(Date right unit registrar)	Aggress John Mark Signer Signer

MARGIN RESERVED FOR BINDING



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  Rine  George  Cily or town  (If ourside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME W=. For cu	3. (b) Social Security Number
4. Sez S. Color or raco S. (a) Single, married, widowed, or divorced Duranced	MEDICAL CERTIFICATION  20. DATE DF DEATH. 19.47- at 830 P. N
6.(b) Name of husband or wife	21. I CERTIFY that doath occurred of the date above stated; that I attended deceased from
7. Birth dato of deceased (mo., day, yr.) Lace 6, 1892	and that I last saw h
8. AGE: Years Months Days If less than one day  54 D/B hrs. min.  9. Birthplace 21 L 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Duo 10
10. Usual occupation. Com the contraction occupation.  11. Industry or business Seef Employed.	Due to.
12. Name Forcum, W. Cl. &m  13. Birthplace Md.  14. Maiden name S. L. ere, EL, a. c. t.  15. Birthplace Md.	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace Md Donn-	Antoney results.
Address 4301 Tue Kerman St. Unio. Pack Francistation Date thereof then 10, 1947	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
(Burial, eremation, or remayal, Which?)  Cometery or crematory  Come	Whers did injury occur?
18. Funeral director. Success stars	Msens of injury Injured at work?
Address  19. 1/6 1947 Amanda Downey  (Date fee'd by registrar)  (Date fee'd by registrar)	23. SIGNATURE Address. M. D. or other  Address. M. D. or other  Address. M. D. or other  M. Or othe



BINDING

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2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should he charged statistically 22. VIOLENCE: It death was due to external causes, till in the following: (State) Injured at home, tarm, Industry, public place (where?) ..... Injured at work?

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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Reg. Dist. No.

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truck Deales	(For newborn infants give resideocs of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mid County Will & Secregio
	City or town College Vark
How long In above place of death? 5 Aug.	(If outside cits or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death ofturred:	Street No. 6910 Partmouth are
teland mensual tarpeal -	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mr Lynn Joseph France	2
4. Sex (5. Color or race (6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DE DEATH
Jana Battania of Farming	21. I CERTIFY that death occurred on the date above slated; that Jattended deceased from
6.(b) Name of Avaband or wife AAA Salkana Aagus	8026 1946, 10, Jan 11 1947
7. Birth date of	
deceased (mo., day, yr.) Dec. 21 1874	and that f fast saw h Last alive on
8. AGE: Years   Months   Days   ff less than one day	Immediais cause of death
	Congestary Tear + arms 6 well
72   11  hrsmln.	f.
9. Birihplace (Town, county, and state)	Due to bronary Thrombons bulles
9	
10. Usual occupation. January	Due to General asserio Ederesis ?
11, Industry or business Relied Farmer	
置 12. Name Jhomas Fragier	Other conditions
13. Birthplace wains	
٧	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace maine	Date of on
Marit Andrewst	. Old and recent instants in heart
16. Interment Last Was Chart.	Autupsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, till in the following;
11 Burial Date thereof and 13 1947	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
I suple muth Haberta	Injured at home, tarm, industry, public place (where?)
Location Communication Communi	
18. Funeral director Land Manual Coo	Meens of Injury Injured at work?
Address 5801 Coleveland ave. Swerfale md.	23. SIGNATURE William MA
I have 12" us man fan howere	M. D. or other
19. (Date rec'd by registrar)	Address 7 werdale, Md Date signed 1 12-4

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## CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).
County. There can be a second of the country of the	State marsland county Primes George
City or town	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Landam- Lana Rd
Jacken Street Rd	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Corl Francis gan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole Calored Surge	20. DATE OF DEATH 8 1947, 11 2 00 A M
a distribution of the	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	1919
7. Birth date of Let Let	and that I last saw halive on
deceased (mo., day, yr.) 22, 1946	Immediate cause of death
8. AGE: Years Months Day's If less than one day	Joseph
\$ / 6hrsmin.	
9. Birthplace (Town, county, and state)	Due to Tremon bronche
Projection 1	Duration: Sodefinite. Cruggo
10. Usual occupation	Due to
11. Industry or business	
12. Name 12. Name 22. A series of the series	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Tlanenseland Hamilton 15. Birthplace Mandaud	Major fiadings ol operations
∑ 15. Birihplace	Qate of op
16. Informant thorough a land	Antopsy results.
Address glendale, min	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof Jan 9, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremetion, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Theregger Temelery	Whera did injury occur?
Location Landam Ind	Injured at home, farm, industry, public place (where?)
y he li some.	Means of Injury Injured at work?
18. Funeral director.	Reputy medical yours
Address	23. SIGNATURE M. D. Os other
19. 1/9 1947 Umanda Deurey	( + men / 10 / 1 / 8 / 10)
(Date rec'd by registrar) Registrar	Address Date signed.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death cleark and legibly.

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JAN 14 1947

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2411 N. Charles St., Baltimore 107)

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### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County County	siale nauland county True Jean	
City or town		
How long In above place of death?	Cily or town	*****
Hospital, Justitution, or street address where death occurred:	Sireet No. Jackson Some Cont.	,
January -	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Carelyn Jourse	Gault 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Deunale Caloned Aught	20, DATE OF DEATH 8 19 4 7, at 4 5	Y A.
	20. DATE OF DEATH 19.21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
6.(b) Name of husband or wife	21.1 CENTIFT that death occurred on the date above states, that cattended deceases from	
7. Birlh date of	ears and that I last saw h alive on 19	
deceased (mo., day, yr.)	Immediate caose of death	
8. AGE: Years   Months Days   If less than one day	Immediate choice of destin	
8 1/6hrs		
manland	Due to Premova broncho.	10000000000
9. Birthplace	Culo	
16. Usual occupation.	Due to.	
11. Industry or business		
# 12 Name Robert gant	Other conditions	
12. Name Pakert Garatt		
El Jan Ole Hamil	(Include pregnancy within 3 months of death)	
14. Maiden name Tlanere of drum Hamull  15. Birthplace	Major findings of operations	
El 15. Birthplace	Date of op.	
16. Informant themel all the state of the st	Autopsy results a executed to man most multiple and delitically	
Address devolutions	PHYSICIAN: Please underline the cause to which death shoofd he charged statistically.	
17 Butial Date thereof Jan 9, 1946	22. VIOLENCE: tf dealh was due to external causes, till in the following;	
(Burial, evamation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematory. Elenezzer Cemetery	Where did injury occur?	
Location Landam me.	Injured at home, farm, industry, public place (where?)	
I Sanchi some	Means of Injury Injured at work?	
18. Funeral director.	helput made al tom	u
Address Styallsnille Md,	23. SIGNATURE	
19. 1/9 1947 Umanda Vourier	M.D. or other	0
(I)ate rec'd by registrar) Regist	trar   Address   Document   Address   Document   Address   Document   Documen	£ f

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and begin MARGIN RESERVED FOR BINDING



Reg. Dist. No.

	e LOCATION)	
2.(a) It veteran, name war	3. (b) Social Securi	ty Number
MEDICAL C	ERTIFICATION	
^		016
20. DATE OF DEATH.	19. H	2. 21-20-50
21. I CERTIFY that death occurred on the date at 2 4 19 19 and that I last saw h Malive on 19	1///	eceased from
Immediate cause of death		DURATION
	well xu/	Jan Dollarion
		,
Conchalas	Hemordian	******
Due to.		
Due 10	•••••	*****
***************************************	***************************************	1000-0-000
Other conditions	***************************************	
(Include pregnancy within 8	months of death)	
Major findings of operations		
***************************************	Date of op	
Autopsy results	which death should be charg	ed statistically.
22. VIOLENCE: It death was due to external ca	auses, till in the following:	
Accident, suicide, or homicide		
		***********
Where did injury occur?(City or town)	(County)	(State)
injured at home, tarm, industry, public pisce (	where?)	*******************************
Means of injury	Injured at work?	
23. SIGNATURE	mshu	D. or other
(1408 Nullny	luy Hd. Jew	mari

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### MARYLAND STATE DEPARTMENT OF HEALTH

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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### 2411 N. Chartes St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

DURATION

1. PLACE OF DEATH: The County Time The Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Take and and (If outside city or town limits, write RURAL and give nearest town)	State vid County Cruce Telo
(If outside city or town limits, write RURAL and give nearest town)  How long in above place 0f death?	City or town
Hospitat, institution, or street address where death occurred:	Street No/ Or alleghery are
	. (If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME Doug las C. Gile	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m n Lufant	20. DATE OF DEATH. 20. 18.47 21.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 My 10 14 Jan 1
7. Birth date of media 7.	and that I last saw h im alive on 2 Decline
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death OUR
2 15 hrs	Mussuchung und
ma sel	
9. Birthplace / Methode (Town, county, and state)	Oue to
10. Usual occupation July aux	
11. tndustry or business	Due to
100	Diher conditions.
12. Name Claurel a luo  13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Farbes 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace	Date of op
16 informant Claruce a Giles	Autopsy results
Address/02 alleghuy any. Takous Pr wa	PHYSICIAN: Please underline the cause to which death should be charged statistically
	22. VIOLENCE: tt death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?)  Date thereot. (month) (wo) (year)	Accident, suicide, or homicide
Cemetery or crematory aring ton nath aning	Where did injury occur?
Location arling ton Va	Injured at home, farm, industry, public place (where?)
18. Funeral director WW Chambles &	Means of Injury Injured at work?
Address Ruichdall	23 SIGNATURE MM heenful laft me
19 Jan 15 1947 Jany Devery	Watter Reed red long M. D. or other
(Date rec'd by registrar) (Registra	Date signed

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			7.	5	1	1
6	Rer.	Dist.	No			U

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truck Georges	(For newborn infants give residence of mother)
City or town 74ales	State Maryland County Vine Jeange
(If outside city or town limits, write RURAL and give nearest town)	City or town Intehellable
How long in above place of death	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Crane Highwayand Central Com	(If roral, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war.
3. (a) FULL NAME	2/3/2011
Clements au	3. (0) Social Security Number
1	
4. Sex 5. Color or race 6.(a)Single, margled, widowed, or divorced	MEDICAL CERTIFICATION
male white super	2D, DATE OF DEATH 5 19 47 at 13 9.
6.(b) Name of husband or wife	
	19, to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate canegof death
8. AGE: Years Months Days tf less than one day	specialize and
47hrsmln.	
P 00 900	ma Instruct I skyll
9. Birthplace	Due for — Comment of the Comment of
	The Contract of the Contract o
10. Usual occupation	Duglett and D
11. Industry or business	
12. Name Steven Chuter	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Capier Sekovalsie.  15. Birthplace	Major findings of operations.
E 15. Birtholace Palance	
IPM 7. Dal-	- Dafe of op.
16. Informant	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address metabllbulle, ma	
Busico 1-8-47.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Eurisi, cremation, or removal Which?) (Month) (day) (year)	Accident, suicide, or homicide Date of Date of Date
Cemetery or crematory John Smilota	Where did injury occur?
cemetery or crematury	(City or town) (County (Stifte)
Location Hamstury Lill	Injured at home, farm, industry, public place (mod 2)
Trible Ostor, A	mysterioles he slead point Bone
18. Funeral director	helpitand al Esome
Address Mille Mazillow Jan 1	
Jack 7 47 (KZ. VIII) -11	23. SIGNATURE
in the total serve that	at. D. of diner
19. (Date rec'd by registrar) Registrar	

PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully are correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Prince George	State Midzyland county Prince George
City or town	City or town Rual - Bowlf (If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death? 3 Weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Junction OF Route 50 + Route 301
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	229 - 26 - 0977
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH JANUBUY 15 19 47, 21 5:30 PM
5.(b) Name of hueband or wife 22 may 5 6 2055	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 8 18 47 to January 15 19 47
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. R. T. alive on A. N. V. A. Y. J. 5 19. 4. Z.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death. Pulmundry DURATION  Tuberculosis. Vears
23hrsmin.	Tohereulosis. 6 Years
9. Birthplace Grunday - Buchanin Ca-Virginia	Due fo
10. Veual occupation Hause wife	•
11. Industry or businese	Due to
# 12. Name Clarence Stevenson	Diher conditions
13. Birthplace Welch - Me Dowell Co - W. V2	
E la	(Include pregnancy within 3 months of death)
14. Maiden name A.Y. S.I.a.	Major findings of operations
El 15. Birthplace Grundy - Buchanineo - Virginia	Date of op.
14. Malden name Lydia Ward  15. Birthplace Grundy - Buchanin Co - Virginia  16. Informant Clarence Stevenson	Actorsy results
Address C/O C.W. Cox Gambrills	
17 Burial (Burial, cremation, or removal, Which?)  Date fhereof (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory Wards Cemetery	Where did injury occur? (City or town) (County) (State)
Location Delgring & nob. 12	tnjured at home, farm, Industry, public place (where?)
18. Funeral director, Martin Flahour Som	Means of Injury Injured at work?
Address Bowie 31d	23. SIGNATURE Eliand 9 Chenott Mr. D.
A	23. SIGNATURE M. D. or other
18 Jan 16 19 47 Wwo-Je Mangling Registry	Address Gambrills Md Date signed Jan 16, 47

JAN 23 1947 BUREAU

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Much floring	Tara C d Para a Caraga
(If outside city or town limits, write RURAL and give nearest town)	The date
How long in above place of death? Autopatent	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 5006 Cattenhouse
Cighe Selsed Wenores Hoopels	(If rural, give LOCATION)
How long in hospital or institution? I lead on arrival	2.(a) If veleran, name war
3. (a) FULL NAME Feliple grasp	3. (b) Social Security Number
4. Sex   5. Cotor or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white marked	7 .7 070
1	2D. DATE DF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (c) If allye, give agevears	19
7. Birth date of	and that I last eaw halive on
deceased (mo., day, yr.) While I 4 188	Immediais cause of death
8. AGE: Years Months Days the less than one day	acut congestive
64mln.	heart failure.
9. Birthplace	Due to Car Operancular rend
/ 4/	shold
10. Usual occupation. The state of the state	Due to
11. Industry or business	90C 10
<b>E</b> I	
12. Name	Diher conditions
13. Birthplace	(Include pregnancy within 8 months of death)
= 14. Maiden name ( ) Cargo Ca	
15. Birthplace	Major findings of operations.
15. Birthplace	
16. Informant all all all all all all all all all al	Autopsy results
Address 4310 Balting are Bladenshelphy	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burisla Jan 10.1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory The oliver	Where did injury occur?
Location washington IC.	Injured at home, farm, Industry, public place (where?)
I Garchie some	Meens of Injury Injured at work?
18. Funeral director	Deputy medical funquer
Address Styattenlle and.	23. SIGNATURE Catrices of the
Jan 9 147 Janus Serry	M. IV. of other
(Data was by savietres)   Registres	Address TO CONTROL   Bate storned   - 1 - U



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. 243

	Ave a state of the
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Georges	···· D a
City or town. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	Slate D. C. Couoly
How long in above place of death?3. mos. 18. days.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1412 - 9th St N W
Glenn Dale Sanatorium	Streel No. A.
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME HELEN HAILEY	3. (b) Social Security Number
HETELA HAITE	578-09-8125
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	20. DATE OF DEATH JANUARY 22 19 1947 at 6:20 A
6.(b) Name of husband or wife Rufus Hailey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Octobox 5 1010	OCTOBER 3 1946 10 JAN 22 1947
7. Birth date of deceased (mo., day, yr.) October 5, 1910	
8. AGE: Years   Months   Days   It less than one day	Tuberculosis of Lunes
00 00 0 11	
9. Birlhplace St. George Co., South Carolina (Town, county, and state)	Due to
10. Usual occupation	
	Due to
11. Industry or business	
Julius Haynes 12. Name Julius Haynes St. Geo., South Carolina	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Annie Smith	
He Halden name Annie Smith  14. Malden name St. Geo., South Carolina	Major findings of operations
Deceased.	Date of op.
16. Informant Deceased	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
(Burial, cremation, or removal, Which?)  Date thereof fronth (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide,
(Burial, cremation, or removal. Which?) fonth) (day) (year)	
	Where did Injury occur?
Cemetery or crematory	
Cometery or crematory	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
Commetery or crematory Washington D.Ca.	Where did Injury occur?
Location Shavelly McLey Sh  18. Funeral director Malvan Schey Sh	Where did Injury occur?

rLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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PLEASE WRITE

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1 PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

1 2 IISHAL RESIDENCE (HOME) OF DECEASED

Rog. Diat. No. 243

County	Prin	ce Geo	rges	(For newborn infants give residence of mother)  State		
	_	Maryl	and. RURAL and give nearest town)			
			9 days.	City or town Washington (If outside city or town limits, write RURAL and give hearest town)		
Hospital, Institution	, or street address where	death occurre	ed:	Street No. 1924 Lees Ct., N. W.		
G:	lenn Dale Sa	natori	um	(If rural, give LOCATION)		
How long in hospita	al or institution?1	O mos.	, 9 days	2.(a) If veteran, name war		
3. (a) FULL NA		AVI	D L. HAR.	DY 3. (b) Social Security Number 577-32-3880		
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	S	ingle	20. DATE OF DEATH Qan 28, 1947, 215.8A.		
6 (h) Name of huch	and or wife			21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
A CONTRACTOR OF THE PARTY OF TH				Mar. 18,1946, 10 Jan. 287,1947		
7. Birth date of deceased (mo., d	Sant		(c) If alive, give ageyears	and that I last saw h		
8. AGE: Y	fears   Months	Days	If less than one day	Immediair crosse of death OURATION Pulmowary Luberculosis /yr 4 21		
19	19 3	29	hrsmin.			
0.00.00.00.00	Washington	D. C.		Due to		
9. Birthplace		eounty, and	atate)	Sec (C.		
10. Usual occupati	on Clerk	*******************				
11. Industry or bus	Grocer	y Stor	е	Due to		
		Uanda				
1		mardy	•••••••••••••	Other conditions		
			•	(Include pregnancy within 3 months of death)		
14. Maiden na	imeCorre	nia Ja	ckson	Major findings of operations		
E 15. Birthplace				major magings of operations		
		a				
16. Informant	Decease	u		Actorsy results		
Addrése						
" Kem	oval	Date the	reof 1- 29-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, crema	tion, or removal. Which?	) / w	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cres	matory To Was	200		Where did Injury occur? (City or town) (County) (State)		
Location				Injured at home, farm, industry, public place (where?)		
	1	14. 7	Family NEW, NY	Msans of Injury Injured at work?		
18. Funeral directo		R	MIM	(D) . a D D.		
Address	11 -10	2	2 1 1 (1) 0 . 0	23 SIGNATURE & Squel Les Finiecone M.S.		
19 Va	M.28, 19471	Town	land S. Philips	Alexand Rale Md m. D. or other		
17.			D.LA	William STARRENT KIANNE MINE STARTER 1 2814		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

()(794 Reg. Diat. No. 2450

### CERTIFICATE OF DEATH

ш		
	1. PLACE OF DEATO:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ı	County. Reserved to the second	State Urginia County Dimwiddle
	City or town(If outside city or town limits, write RURAL and give nearest town)	
ı	How long in above place of death? Tour Wortes.	(If outside city or town limits, write RORAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. 503 Halefox Sheet.
	10 laws. pourously	(If rural, give COCATION)
	How long in hospital or institution? Deary, previously	2.(a) If veteran, name war
	Harrison, Mrs. Addie Eu	tokah  3. (b) Social Security Number
ľ	4. Sex 5. Color or orde 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	female white widowed.	20, DATE OF DEATH
	6. (b) Name of husband or mile Thomas Herbert	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Harrison - 6.(c) Halive give age years	1-1-1942 10 1-22 1947
	7. Birth date of	and that I last saw h. Qualive on 1-20 - 19 K7
	accessed (mor) any year	Immediate cause of death
	C1 14 21	Cerebral infants 2 kgm
		Pulynay Coleasyon 3 how
	9. Birthplace Sussex County Virginia-	Due to cerebral pelevisionalis 10 years
	10. Usual occupation — home water.	Dus to Glevelaged onterio - scheisis 20 yes
H	11. Industry or business	
	12. Name George R - Sounders.  13. Birthplace ? Morthogoss.	Other conditions. Cachegia
I		(Include pregnancy within 3 months of death)
	# 14. Maiden name Elizabeth - 5. Saunders.	Major findings of operations
	15. Birthplace	major nadings of operations
l	2. 66 1-1-	Antopsy results.
	Address 4411 Quembry Dr. Revudale, led	PHYStCIAN: Please underline the cause to which death should be charged statistically.
I	Address 4411 Queentry DV. Netudale, and	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or nomicide
I	Cemetery of grematory Dlaudford Cemetery	Whers did injury occur?
I	Poters Like No D	Injured at home, farm, Industry, public place (where?)
	Location	Missas of Injury Injury Injury Injured at work?
	18. Funeral director WW Whatshell	(X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Address Kines dale - m	23 SIGNATURE DO Shoewakulla.
	10 1/23 147 Jany Seva	E. J.A. // M. D. or other
11	19. (Date rec'd by registrar) Registrar	Address 000 J Wordbrung W. Date signed 1-12-4

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# information carefully. The coof death clearly and legibly.

# every item of ite the causes BINDING FOR ADING INK. Supply eve Physicians: please write MARGIN RESERVED WITH UNF important. PLAINLY, vis especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For ne	11 1/	10 19	
State	anyland	county Shake Tear	72
City or town	Went Va	ud	
	10.	limits, write RURAL and give nes	
Street No	301- Meag	May rew Dru	re,
	(lf rural,	, give LOCATION)	
2.(a) It vetera	an, name war		
		3. (b) Social Security	Number
6/21			
varr	wou		
	MEDICAL	CERTIFICATION	
20 DATE DE D	DEATH Green	2 / 19.47	1 2 A
at Lorenticu	11-1-1	ate above stated; that trattended dece	and from
jour		1977 to free Z	.7197
and that I last	saw h. 444alive on Qc	which has	19.54
Immediaie ca	use of death acute	Congellial	DURATION
	failure.		1 day
	and		
- m	Volaguts &	Grenoluter	8 day
	ALTER SAME AND ALTER AND A		
R	1. 176	cular Heraf	about
			1/40-
De Kark	2015	eyula-heust	7 gear
Diher condition	ns with dr	eyula Well	
eder	(Include pregnancy with	<i>.</i>	
	(Include pregnancy with	nin 3 months of death)	
Major finding	s of operations		
		Date of op.	
Anlonsy respi	to zeonel		
PHYSICIAN:	Please underline the cause	to which death should be charged	statistically.
22 VIOLENC	CE: It death was due to extern	nal causes, till in the tollowing;	~
	ide, or homicide		
ACCIDENT, SUIC	MC; of Hottlie Mc		
Where did Inju	ury occur?(City or to	own) (County)	(State)
	ne, tarm, industry, public pla		
	no	injured at work?	
		1	0

23. SIGNATURE Free Chan dal

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME male arri 6.(c) If alive, give age .... 7. Birth date of deceased (mo., day, yr 8. AGE: Days If less than one day 9. Birthplace ...... 10. Usual occupation. 11. Industry or business 14. Maiden name.... (Burlal, cremation, or removal Cemetery or crematory 18. Funeral director

WRITE PLEASE

(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

95C

1. PLACE OF DEATH: Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
County City or town.	State Many fram of County	****
III quiside city of town limits, write KUKAL and give nearest town)	n // ha	
How long in above place of death? 2.48. 2.100. 5.79.  Hospitat, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nea	rest town)
Laurel Samitarium Laure, M.S.	Street No. 5 901 Month Monda (If rural, give LOCATION)	
How long In hospital or Institution? 2.74.12.14.1.2.19	2.(a) It veleran, name war	
3. (a) FULL NAME Charles yourklin !	Henderson 3. (b) Social Security	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced What Wildower	MEDICAL CERTIFICATION  2D. DATE DF DEATH	at Z14 p
6.(b) Name of husband or wife Life Many Life fer Sicolar Sicol	21. I CERTIFY that death occurred on the date above stated; that t attended decea	
7. Birth date of deceased (mo., day, yr.) May 26-1861	and that I last saw halive on	1947.7
8. AGE: Years Months Days It less than one day	Immediate cause uf death	DURATION
hrsmin.	Capcline Delomperation	Silar
9. Birthplace Many Case ( Select ( Select )  10. Usual occupation Case Man Mescher ( Select )	Due to	Class
11. Industry or business	Senelity	
12. Name Blassamun Senderson 13. Birthplace Paltimore, M.	Dther conditions	***************************************
14. Maiden nama Lla abeth Harry	(Include pregnancy within 3 months of death)	
15. Birthplace 1/2 altimose, Md.	Major findings of uperations	
18. Intermant Specitarius Allandi	Autopsy results	******************************
Address Laurel San, Laurel, Md	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	tabattenry.
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or orematory Loud and Park	Where did injury occur?	(State)
Location 3801 Frederick Aye. Balto.	Injured at home, tarm, industry, public place (where?)	
19. Funeral director John O. Material + Samo, Inc.	Means of Injury Injured at work?	
Address / 1900 Eutaw Place - Baltimore	B3. SIGNATURE Solver LISSELLIS	10/111
19. (Dafe rec'd by registrar)	Address Address Land Land Mediate signed.	r other
0,77	The state of the s	A. A. A. A. A.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. 245

1. PLACE OF DEATH: County Drives Leonger	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Perilale Md.	State Maryland County Prince Leveler
(If outside city or town limits, write RURAL and give nearest town)	City or town. 34 /5 The attended of all all all all all all all all all al
How long in above place of death? Hy Was 4 2 6"  Hospital, Institution, or street address where death occurred:	
Leland memorial Hospital	Street No. 32 13 Algalian Street No. 32 13 A
How long in hospital or institution? 4 21 MAS 8 7 20"	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Vear Edna Hoffmin /	affner)
4. Sex 5. Color or race 6.(a) Single, married withowed, or divorced	MEDICAL CERTIFICATION 7.40P
J W widow	20. DATE OF DEATH 25 19 47, 21 = M
6.(b) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9 and 20 19 4/10 Jan 25 19 4/
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Sumediair cause of death OURATION
o. Not.	Je man O Remona
74 16 23nrsmin.	On fine failure
9. Birthplace	Due to Adam framme
1D. Usual occupation	1 0 L 0 q L
11. Industry or business	Duo to
	Riber conditions at the condit
t2. Name facol Joffner  13. Birthplace New York	White sometime repriesally
14. Maiden name Celia ?	(Include pregnancy within 3 months of death)
14. Maiden name Celia 1  15. Birthplace New York	Major fiudiugs ol operations.
16. Informant	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, flil in the following:
(Burial, cremation, or removal. Which?)  Daie thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mentionial Park Cemeting	Where did Injury occur?
1. haling Maryant	Injured at home, farm, Industry, public place (where?)
Location Difference Carried Ca	Means of Injury Injured at work?
18. Funeral director.	11/4
Address Milleddle - ni	23. SIGNATURE & / Comstan
gan de 1947 Jams Devers	16. Co 4 Queen of up / Rd Remodels
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Date signed / Date signed /

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE (			0		2. USUAL RESIDENCE (HOME) OF	F DECEASED:
				S	D. C.	
City or town	(If outside	n Dale	nita. write R	and. URAL and give nearest town)	State	oly
Now long in the	ue alsee of de	1 mc	nth. 2	O days	City or town Washington (If outside city or town limits	write RURAL and give pearest town)
Hospital, Instill	ution, or stree	nn Dale	leath occurred	**************************************		
	Gle	nn Dale	Sanato	rium	Street No. 1221 10th St., K	LOCATION)
Now long in ho	enital ar ineti	itution?	month	20 days	2.(a) If veteran, name war	/
3. (a) FULL			311-022-025-3		a.(a) II reteral, Hame was	
S. (a) FULL	NAME	M	icH	AELK. HO	WARD	3. (b) Social Security Number
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male		Colored	Sin	gle	<u> </u>	17 117 140D
			1	8	20. DATE OF DEATH	1. 27, 1047, at 6.40P
6.(b) Name of	husband or wi	ſe			21. I CERTIFY that death occurred on the dale about	
				) if alive, give ageyears	,	46, 10 Jan. 27, 18 4
7. Birth date of		May 24,		, , , , , , , , , , , , , , , , , , , ,	and that I last saw halive on	Jen 27, 18 4
deceased (m	o., day, yr.) Years	Months	Davs	If less than one day	Immediate came of death	DURATION
8. AGE:	tears	montas	Uays	22072	Julierculous W	Leningitis 2 days
	1	8	3	hrsmln.		
9. Birthniace		Washingt	on D	tate)	Due to Palmonary Lu	berculosis 3 Mo
					Primary Eufe	ation)
10. Usual occu	pation	Baby			- Televerelli	safleft 1 mo
11. Industry or	business				Mulder	
H 12 Name	Cl.vd	e D. Hin	es		Other conditions	
		ton, Nor				
401					(Include pregnancy within 3 m	nontha of death)
				d	Major findings of operations	
E 15. Birthpi	ace Pa	geland,	South	Carolina		
40 Intermed	Tare	ille B	Howard	Mother	Actorsy results	
					PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.
Address	166	1 10th S	U., N.	W., Washington,	22. VIOLENCE: If death was due to external caus	ses, fill in the following:
17 /12	Mi	emoval. Which?)	Date there	of #29/47	Accident, suicide, or homicide	
(Buria, er	mation, or r	emoval. Which?)		(month) (My) (year)		
Cemetery or	crematory				Where did injury occur?(City or town)	(County) (State)
Location 2	Yash	milon	- 0	- 1	Injured at home, farm, Industry, public place (wh	ere?)
	-	5	mi.		Means of injury	Injured at work?
18. Funeral' di	eptor		All looks	issex of		0 0.
Address	1337	7-10	11.2	W.	Langer L	80 Fraces and MS
0	740 2	7 47	Pains	Pand & Philips	23. SIGNATURE	M, D, or other
19. (Date rec'	d by registra	19.T.f		Registrar	Address Wenn Dale	May Date signed 1/27/47



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1. PLACE OF DEATH:

Prince Georges

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

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1				9	11	7
7	Rev.	Dist.	No	2	7	5

How long in above pi Hospital, Institution.  How long in hospita	ace of death? 3 m or street address where Glenn Dal	onths, death occurr e Sana	and RURAL and give nearest town) 12 days ed: torium , 12 days	(If outside city or town limits, write RURAL and give nearest town)  Street No. 1331 5th St., N. W.		
3. (a) FULL NA	MOR		JACKSON	3. (b) Social Secu 719-16-26	•	
Male	Colored		orced	MEDICAL CERTIFICATION  20. DATE OF DEATH JANUARY 13 19 Y	7 835 p	
7. Birth date of deceased (mo., da	y, yr.) March	25, 19		ears and that I last saw h. / M. alive on	/3 194 <i>7</i>	
o. Ada.	Months 46 9	0ays	if tess than one day	PULMO NARY TUBERCULOSIS	12 m	
10. Usual occupation  11. Industry or busion  12. Name	ness Abe Jackson Chester	Opera	h Carolina state) tor  South Carolina on	Oue to	10 yrs Ym	
15. Birthplace	Chesterf	ield,	on South Carolina	Major findings of operations		
Location	7 0 /	Die Hh	reof Jacey 4 194 (month) (day) (bear)  Stephen  M. LO-G  land & Philip  Redse	22. VIOLENCE: If deafh was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)  (State)	

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 52-6

### CERTIFICATE OF DEATH

(10799231 Reg. Dist. No. 2231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County frime flores	(For newborn infants give residence of mother).
(If outside city of town limits, write RUKA), and give nearest town)	State Md County Prince Despes
How long in above place of death?	City or town
Hospital, lociflution, or street andress where death occurred:	
Prime Georges Agustal 7405 P.	SHEEL HU
	(If rural, give LOCATION)
How long in hospital or iestitution?	2.(o) If veteran, name war
Fallace Fackson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE DF DEATH
6.(b) Name of bushand or wife Emma Qoetson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
O'(a) MENT AL DESARINE AL MILA	1-14 1946, 10 1-15 194647
7. Birth date of	and that I last saw have alive on
deceased (mo., day, yr.) Noy - 23 - 1888	Immediate cause of death DURATION
8. AGE: Years Mooths Days It less than one day	
58 1 22hrsmin.	Tyonephratia 180th 10days x
0/1/	Killings, Right Min Extension
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation TRdin Directer	***************************************
0	Due to
11. Industry or business Wesh. Terminal	
12. Name A Cheat Joe 45 au	Other conditions Bottle levelines tourneyslated
Y 13. Birthplace A Lobama	
14. Maiden name. A. R. m. a. d. d.	(include pregnancy within 8 months of death)
5 Siribplace	Major findings of operations.
	Date of op.
16. Informant W. Fee Emma	Autopsy results.
Address 4300-31= St. mt. Ronner	PHYStCIAN: Please underline the cause to which death should be charged statistically.
10	22. VIOLENCE: It death was due to exteroal causes, fill to the following:
(Burlal, cremation, or removal, Which?)  Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemeters or cremators Cedar Kiel Cessiti	Where did injury occur?
1. ++ 0 - 0	
Location cultures - Test	tnjured at kome, farm, lodustry, public place (where?)
18. Funeral director. Us Vr. Chambers es.	Means of injury Injured of work?
Address 5801 Cleveland Gira. Right Med.	23. SIGNATURE USBruges MD.
19. 1/17 1947 Knowder Downey	M. D. or other
(Date rec'd by registrar) Registrar	Address but, Rames bul Date signed 1-15.48

RECHEVE

JAN 20 1947 BURFAT

J-35

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d.

### CERTIFICATE OF DEATH

()()8()() Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)
County Troce fee Te	State Mary Land county Traine Charge
City or town(If outside city or toyn limits, write RURAL and give nearest town)	
How long in above place of death? 17 wfr 3	City or town
Hospital, Institution, or affect address where death occurred.	Street No. 4104 Jusensbury Rd
Prince Charges Graneral Hospital	Mf rural, give LOCATION
How long in hospital or institution? 7 who	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jones Mr. Gordon	
4. Sex 5. Cólor or race 8.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH
Bortha Garage	21, I CERTIFY that death occurred on the date above stated; that I stiended deceased from
8.(6) Name of husband or wife	Jul 1 1844 10 dan 5 1947
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 3 August 1898	Immediais cause of death
8. AGE: Years   Months   Days   If Jess than one day	sumearité cane es desirent
1.8 5 2min.	
90.11	Que to Cordio Vascular write
9. Birthplace (Town, county, and state)	alonene orestrili
10. Usual occupation. Salesman	Bue to.
11. Industry or business	
E 12. Name Civen Jorde	Other conditions Cardia hisputrophy
12. Name Language 12. Name 12. Name 12. Name 12. Name 13. Birthpiace 7. Y	Hyperstati Prefirmania
	(Include pregnancy within 8 months of death)
14. Maiden name Daffy Fit & Paterick.  15. Birthplace D. 9.	Major findings of operations
	Date of op.
16. informant TOSP del Records	Antopsy results.
Address Prince Georges Fospital	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
17 Cremation:  (Burish, cremation, or removed. Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery of crematory Cedar, Hill	Where did injury occur?
Thank ma	Injured at home, farm, industry, public place (where?)
Location The same	Means of injury Injured at work?
18. Funeral director	$\bigcirc$
Address Syallarille my	23. SIGNATURE
1/2 47 amenda Nounen	23. SIGNATURE M. D. or other
19	Address RC Tarella lol Date signed

JAN 9 1947 BUREAU V 8 2411 N. Charles St., Baltimore

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1 20	î	Reg.	Diat.	News 7

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 23.9		
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Cetor of race   6.(a) Single, married, widowed, or divorced    6.(b) Name of husband or wife   6.(c) If allye, give age   years    7. Birth date of deceased (mo., day, yr.)   A	MEDICAL CERTIFICATION  2D. DATE OF DEATH		
10. Usual occupation.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Informant	Due to		
Address  17. Guriai, cremation, or removal. Which Date thereof (month) (day) (years)  Cemetery or crematory  Location Date thereof (month) (day) (years)  18. Funeral director (month) (day) (years)  Address (month) (day) (years)  19. Funeral director (month) (day) (years)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

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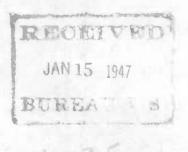
age

ADING INK. Supply every item of information carefully, the correct Physicians: please write the causes of death cleaning and legibly.

VS A15

WRITE

PLEASE



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

100	()	119	HZ.	
	Reg.	Diat.	No. 2	43,

111000

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  D. C.  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  1414 Carrollburg St., N. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME PERCY E. KYLL	3. (b) Social Security Number 084-05-0525
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Separated	20. DATE OF DEATH Jan 12 18 47 21 3 50 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred to the date above stated; that t attached decessed from  19. 10. 12. 19. 17.  and that I last saw h.1. MA. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
54 54 1 22hrsmin.	Parlumany Whetcelosis 10 mo.
8. BirthplaceAshville, North Carolina  10. Usual occupation	Due to.  Diher conditions.
14. Maiden name. Clara Britton  15. Birthplace Ashville, North Carolina  16. Informant. Deceased	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address	Autopsy results
17. Reuse Sale Date thereof 1 - 13 - 47. (Burial, cremation, or removal, Which?) Cemetery or crematory To Wash. SE.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location	Injured at home, tarm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Address / 2-13-44 St. S. W.  19. 1-13-47 Powland S. Plulips (Date rec'd by registrar)  Registrar	23. SIGNATURE D'aniel Leo Finucare MD.  Address Aflenn Dale Md. Date signed 1-12-47.

JAN 20 1947
BUREAU 18

2-1 2430 -1-10

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 23 9

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County County (If outside city or town lipnits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) tf veteran, name war.
3. (a) FULL NAME Edward alongius I	3. (b) Social Security Number 212-14-5871
4. Sex 5. Color or race (8.(a) Single, married, widowing) or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h
9. Birthplace (Town, younty, and state)  10. Usual occupation Targetine	Due to Fracture of base of shule
11. Industry or business U. S. God.  El 12. Name and January	Differ conditions Company of Comp
13. Birthplace  14. Maiden name Quellen  15. Birthplace Elkruse Quellen	(Include gregnagey within 3 months of death)  Major findings of operations  Date of op.
16. Informant Charles Zamers	Autopsy results
17 Burial, cremation, or removal famina)  Date thereol (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide the suicide that the suicide of the suicide that the
Cemetery or cremyory Many Many Cocation Charles Many	Injured at home, farm, Industry, public place (where to the state of t
18. Funeral director All Sith Winsloom  Address Jassel Ma	Reputy medical Expression
Pau 21 1946 M. Brasheare. Registrar	Address Jalestvills Date signed 1 19 4.



PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. 811 802 431

county Prince Georges	(For newborn infants give residence of mother)		
	State D. C. County		
City or town	City or town Washington (If outside city or town limits, write RURAL and give neurest town)		
How long in above place of death? 20 days. Hospital, institution, or street address where death occurred:			
Glenn Dale Sanatorium	Street No. 531 48th Place, N. E.		
How long in hospital or institution? 20 days	V		
	2.(a) If veteran, name war		
JOHN, P. LEWIS.	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE OF DEATH Saury 23 rd 19 47 at 11 A M		
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that attended deceased from		
	Jacey 2 nd 18 +7 10 Lavey 23 nd 47		
7. Birth date of Manage 10 3 207	and that I last say flesh alive on & Celey 23 rel 1947		
deceased (mo., day, yr.) March 10, 1887	Immediais cause of death		
8. AGE: Years   Months   Days   If less than one day	( s) Juis		
59 59 10 13	Villmonary Vuberendoris 23 days		
B. Birthplace Washington, D. C. (Town, county, and state)	Due to		
(lown, county, and state)			
10. Usual occupation Departmental Policeman	Due to		
11. Industry or business			
불 12. Name Charles Lewis	Other conditions		
₹ 13. Birthplace Leesburg, Virginia	(Include pregnancy within 3 months of death)		
14. Malden name Elizabeth (?)			
14. Malden name Elizabeth (?) 15. Birthplace Maryland	Major findings of operations.		
	Date of op		
16. Informant Deceased	Autopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date thereof. (Bay 23, 1947) (month) (day) (year)			
(Burial, cremation, or removal, Which?)			
Cemetery or crematory	Where did injury occur?		
Location to Washington, D.C.	injured at home, tarm, industry, public place (where?)		
18. Funeral director Henry & Washington & Son	Means of Injury Injured at work?		
1117 1171 0-4 71.1.			
Address 96/V/ St. 11.00	23. SIGNATURE Daniel Leo Finiecare m.D. M. D. or other		
19. Jan 23, 1844 Cowlands. Mulh	-46 11.00 Tred. 1127114		
(Date pyc'd by registrar) Registrar	Address Jan Xaco, Ma Date signed 12 1/2		

JAN 28 1947
BUREAU

2-2430-1-10

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

00805

### CERTIFICATE OF DEATH

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county but I Carrier	h. h.
City or town (If outside city or bown limits, write RURAL and give neerest town)	State County County
How long in above-place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. R.F. Pay
4304-28th Place	(If rurel, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sarah Elizabeth	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemole White Widowed	20. DATE OF DEATH 8 186 7 21/2:57 1
71 1 - 1 - 1	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
B.(6) Name of husband or wife	19to
	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) Que 11, 1874	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	acute consorting
72hrsmi	
Parana en Parana	que la Carellerascular
9. Birthplace(Town, Sounty, and state)	renal disease
10. Usual occupation. Acuse	Due to
11. Industry or business One House	
	Dther conditions
12. Name Lens Jens Jens Jens Jens Jens Jens Jens J	
	(Include pregnancy within 3 months of death)
14. Maiden name Jach a Culfs 15. Birthplace	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant has ascan Jee Jerugan	Autepsy results
Address 4 30 4 - 28 the thecan out / com	
transportation Date thereof Jan 9, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or nominated
Cemetery or crematory Stanvelle	Where did injury occur? (City or town) (County) (State)
Location Remnsylvania	Injured al home, farm, Industry, public place (where?)
I husely some	Means of Injury Injured at work?
18. Funeral director.	legenty me died you
Address Algalisville Ma.	23. SIGNATURE JOHN
tay 9 149 Jany Severy	M. B. or other
(Date red d by registrar) Registr	ar Address Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

St., Baltimore 914a

### CERTIFICATE OF DEATH

X Per Dist No 24320

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant give residence of mother)  State County
How long in hospital or institution?  3. (a) FULL NAME	3. (b) Social Security Number
Walter Makel	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Col. Married	20. DATE DF DEATH 1947 at 10:10 Pm
8.(b) Name of husband or wife Carrie Bell Makel  8.(c) If all ve, give age 56 years  7. Sirth date of deceased (mo., day, yr.)  ynknown 1873	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  14.47
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
73 ??hrsmln.	Coronary thrombusis 16 hrs.
9. Birthplace	Due to Arterial Hypertensian Urknown
	Dther conditions
12. Name	
14. Maiden name Jane Makel 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.
	Date of op.
16. Informant Carrie Bell Makel	Antopsy results
Address Sper Maribor Mis	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Manual Communication of the C	Whera did injury occur?
The stall from the land	Injured at home, farm, Industry, public place (where?)
Location By Anna Anna	Means of Injury Injured at work?
Address Address	Oswald W. Holler N.D
10 Jain 7 1047 Reguest outh	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Upper Marlboro, Md. Date signed 1/4/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 8 1947 BUREAU 5

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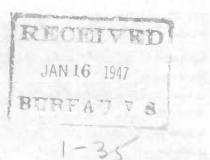
# VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

00803 450

1. PLACE OF DEATH: 7-co. Co	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants rive residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County Fee &
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 4-575 - Madical (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Florence Mc Corn	rick
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F My wilowel	20. DATE DF DEATH 1-13 1947, at 3 2
B.(b) Name of husband or wife. A loss R. M. C. Caraciac	21. I CERTIFY that desth occurred on the date shove stated; that I attended deceased from
	DOC on Lea 19.45 to Jan 13 194/
7. Birth date of deceased (mo., day, yr.) Sept. 24-1871	and that I last saw h. R.K. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
75 3 19 min	Harry Heart
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and progrey desease
9. Birthplace Wash.	Due to
(Town, county, and state)	Deneny of some selections
10. Usuat occupation	Due to.
11. Industry or business	
12. Name degustus Co. Sergeley 3. Birthoise	Dither conditions
« M 5 1/ V 1	(Include pregnancy within 3 months of death)
14. Maiden name Many C. Josh Kaup	Major findings of operations
E 15. Birthpiace wash. 2.C.	Date of op.
16. Intermant Textrude Troy	Autopsy results
Address 4575 Madison St. Riverfele. 200	PHYSICIAN: Please underline the cause in which death should be charged statistically.
Addiess 70/3 // Addiess 19. / Worker 19.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Columbia Tardens Cemetry	Where did injury occur?
and tour over	
Location William 2	Injured at home, farm, Industry, public place (where?)
18. Funeral director WWW Communities Co	Means of Injury Injured at work?
Address Riverdale	23. SIGNATURE Design Hagrege up
Jan 15 1047 James devery	M. D. or other
(Date rec'd by registrar) (Registrar	Address Date signed 2 47



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

### **CERTIFICATE**

OF	DEATH	Reg. Dist. No. 243

1. PLACE OF DEATH: County Lingue Clorge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
City or town	
How long in above place of death? 42	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ERNST MERKE	578-03-1880
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Jan 20 147 at 9 pm
Friede merhel	21. I CERTIFY that death occurred on the date above stated; that Atended deceased from
6.(b) Name of husband or wife.	101/17 1/9 /2. 90 /17
7. Birth date of Section 2015 All All Section 2015 All Section 2015 All Section 2015 All Section 2015 All All Section 2015 All All Section 2015 All All Section 2015 All All All Section 2015 All All All All All All All All All Al	18.7 10 ft W
deceased (mo., day, yr.) Nov 1, 1879	
8. AGE: Years   Months   Days   If less than one day	Introdiste cause of death DURATION
1.7 2	monetujulomona 3 dage
0 / L  hrsmin.	Approchused and
9. Birthpiace Glermany	Due to Certeriosclerate
(Town, codaly, and state)	It set and hisaus
10. Usual occupation Alleria - Carner	1 242
11. Industry or business	Due to.
12. Name Charact Merkel	B
13. Birtholace Germany	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Minnil  15. Birthplace Germany	Major findings of operations
15. Birthplace Germany	
16. Informant Mrs H. W. Bartholomes	
16. Informant	Antopsy results
Address 5/10 Feeds (WE / Saltimore (27)	
17 Surial Date thereof flew 23, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?)	Accident, suicide, or homicide
Cemelery or crematory Futhern Church Cemelery	Where did injury occur?
Location Bowie , Maryland	Injured at home, farm, Industry, public place (where?)
10-17/	Means of Injury Injured at work?
18. Funeral director	1 1 1/2
Address 381 Main St. Fauel Mrs.	a course of MMarsen use
Daniel 21 . 42 Just 14 Vinder	23. SIGNATURE M. D. or other
15 Market Committee of the Committee of	LI CILLERIA IMANGI



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

06809 og. Diat. No. 2455

1. PLACE OF DEATH:  County PRINCE GEORGE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Mrd. County Prince Learges		
City or town PURAL HVATTSVLLE  (If outside city or town limits, write RURAL and give nearest town)			
How teng le above piace of death?	(If outside city or fown limits, write RURAL and give nearest town)		
MOTHER JONES REST HOME	Street No. (If rurst, give LOCATION)		
How tong in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Fr. REV. PHILO LOAS.	MILLS		
4. Sex 5. Color or raca 6.(a) Slegie, married, widowsd, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MISINGLE	20. DATE OF BEATH 27 Jan 19 47 at 7 - A. B.		
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the data above stated; that t attended deceased from		
S.(c) If alive, give age years	10 Jan 1947, 10 27 Jan 1947		
7. Birth date of deceased (mo., day, yr.) SEPT. 24, 1870	and that I last saw h And alive on 25 Jan.		
8. AGE: Years   Mosths   Days   If less than one day	Immediate cause of death		
MI II h	Cerebral Hemorie age. 6 days		
	and the same of th		
8. Birthstace HAR TFORD CONN. (Town, county, and state)	Bue to Seule Artensactersais Sand your		
10. Usuat occupation PRIEST.			
11. Industry or business	Due to		
	Thelia Annation		
12. Name LAWRENCE H. MILLS 12. Name LAWRENCE H. MILLS 12. Name LAWRENCE H. MILLS	Other conditions		
	(Include pregnancy within 3 months of death)		
10	Major findings of aperations		
	Bate of op.		
16. Informant LILLIE MAY BURGESS	Autopay results		
Address AIGCS ROAD, Ilyatts VILL E, Md.			
(Burial, cremation, or removal, Which?)  Date thereof (moath) (day) (year)	22. VIOLENCE: tf death was due to external causes, filt in the following:		
(Burial, cremation, or removal, Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location 3901-144 St. IL IN World	Injured at home, farm, industry, public place (where?)		
18. Fugeral director of A Thines Co.	Meaos of Injury injured at work?		
Address 2901-14 Ch. St. W.W. Wash. De.	46357,000 1,00		
0	23. SIGNATURE M. D. or other		
19 Jan 27 1947 Janus Severs  (Deterred by registrar)  Registrar	Address Latoma Part, Mc Date signed & 7 Jan 4		
/ / Land and and and and and and and and and	1、 公司用1点金0.000.0000.0000.0000.0000.0000.0000.0		

HATTELAND STATE DEPARTMENT OF HEALTH THE PROPERTY OF THE PERSON OF REOFIVED JAN 29 1947 BUREAU V 6.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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	1,00
1. PLAGE OF DEATH: Seorges	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fos newborn infants give residence of mother)
City or town (If outside city or towo limits, write RURAL and give nearest town)	State County County
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(o) If yeleran, name war
annie & monday	3. (b) Social Security Number
4. Sez 5. Color or raco 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
funde white manied	20. DATE OF DEATH. 21 3:05PM
8.(b) Name of husband or wife	21. I CERTIFY that dealingcoursed on the date above stated; that I attended deceased from
	Jan 1 19.27, 10 Jan 5 19.47
7. Birth date of deceased (mo., day, yr.) Fat 28 18-64	and that I last saw hall alive on the same of the same
8. AGE: Years   Months   Days   If less than one day	Immediat Cause of death
82 18 4hrsmin.	Caronery Frontier Salle
	Cathrio Scherdy Heart Breeze
9. Birthplace. M. A. Manny John D. (10wn, coouty, and state)	Due to When survey survey upon
10. Usual occupation	Due to Tenustraes atherosclerosis and
11. Industry or business	Due to.
E 12. Name John Biley	Other conditions Denite Clanges
X 13. Birthplace Island !	0
14. Malden name Elliam Managaritagi	(Include pregnancy within 3 months of death)
14. Malden name. Ellan Manarattig:  15. Birthplace Island	Major fiudiugs of operations.
16. Interment Lagred The at Home Presends	Autopsy results.
871 20 11	PILYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hy alterally mind	22. VIOLENCE: If death was due to external causes, fill in the following:
(Borial, cremstion, or removal, Which?)  Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mut Olivet	Where did injury occur?
Location Washington D.C	Injured at home, farm, Industry, public place (where?)
0 4.5 4. 1 . 0	Means of Injury Injured et work?
	Ding o
Address 3 8 8 4 4 A M & D.C.	23. SIGNATURE SUT SUITCH
Date ree'd by registrar) 19/7 Janus Sevey	108 md av n E M. D. orpher 6 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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G	10	8	1/2	7/4	7

1. PLACE OF DEATH:

# change of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

136

2. USUAL RESIDENCE (HOME) OF DECEASED:

00811

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2431

County. Glenn Dale, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 mos., 23 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 2 mos., 23 days	Sireet No. 1120 22nd Street, N. W. (If rural, give LOCATION)		
3. (a) FULL NAME LELA MOODY	3. (b) Social Security Number		
Female Colored Separated	MEDICAL CERTIFICATION  20. DATE DE DEATH S 19.47 21 10:30 P.		
6.(b) Name of husband or wife Authoniel Moody  7. Birth date of deceased (mo., day, yr.)  March 14, 1908	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.46 to Sand that I last saw h. S. alive on Sand that saw h. S. alive on Sand that S. alive on Sand that S. alive on S		
8. AGE: Years   Months   Days   If less than one day	Pulmoney Tuberculosis 10 ms.		
9. Birthplace	Due to		
Joseph Butler  12. Name Joseph Butler  13. Birthpiace Greennill, South Carolina	Dther conditions		
14. Malden nameSue?  15. Birthplace Greennill, South Carolina	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Deceased	Autopsy results		
17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location to Washington, D.C.	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide		
18. Funeral director J. C. Janifer  Address // 20.22 of HW  19. Jan J. 19 47 Rowland S. Plinlips	Maans of Injury  Injured at work?  23. SIGNATURE Laniel Leo Linucare MA  M. D. or other  M. D. or other		

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JAN 20 1947

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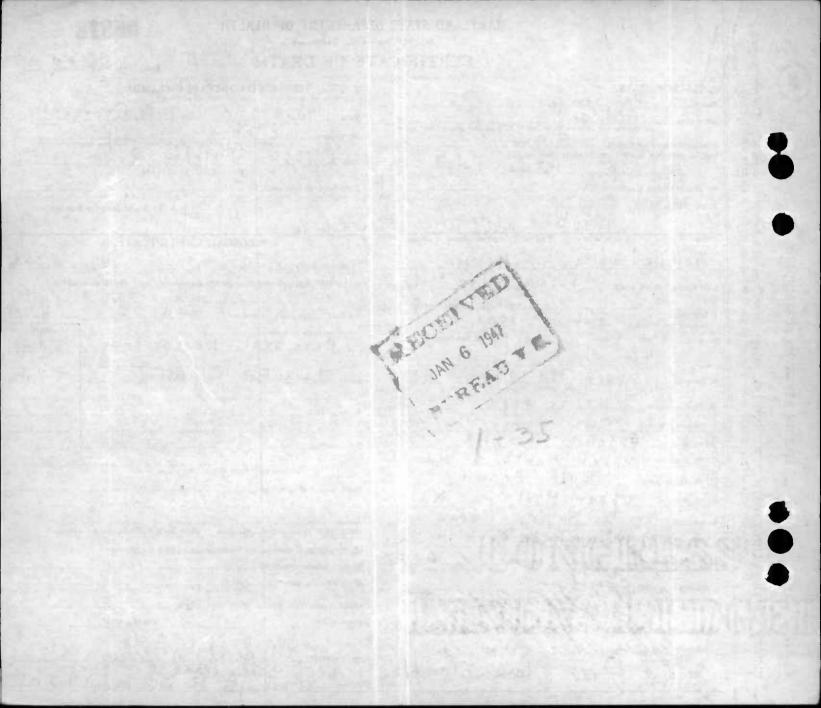
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

139	P	20	7
1	ŀ	7	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	state Maryland county Pr. Georges
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7087 Ritchie Road
7087 Ritchie Road	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mable Irene M	Oran
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	Ton 3 117 5'20 8
	20. DATE OF DEATH Jan 3 1947 at 5:20 MM
6.(6) Name of husband on Joseph Henry Moran	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of Table 19 19 19 19 19 19 19 19 19 19 19 19 19	Jan 2 1946 to Jan 3 191947
7. Birth date of Feb 18 1900	and that I last saw h. 68. alive on Jan 2 19 /9 46
Deceased (ma., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage 6 days
46 /mio.	
s. Birthplace Uyber Marlboro Md	me to Essential hupertensin 7 Years
(Town, county, and atete)	4
10. Usual occupation Hause Wixe	
11. Industry or business Own Home	Due to
# 12 Hamel. Quoene Novyolk	
2 12. name.	Dther conditions
2 13. Birthplace Upber Marlboro Md	(Include pregnancy within 8 months of death)
14. Maiden name Touth Brown  15. Birthplace Upper Marlboro Md	Major fludings of operations.
5 15. Birthplace Ubber Marlboro Md	
Mar the Marcan	Date of op.
to. into mant	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address 7087 Ritchie Ras. E. Wash 19 D.C.	
Burial, cremation, or regognal, Whigher)  Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external caoses, fill in the following;
(Burlal, cremation, or remofal, Whitehal)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Epiphany	Where did injury occur?
Fishtaille and o	Injured at home, farm, industry, public place (where?)
Location Control of the Locati	Means of Injury Injured at work?
18. Funeral director MIT Conce Grothers	mostis of injury
Address Liper Marlooro and	47 8: + (12-L) MB
	23. SIGNATURE W. D. or other
19 Jan 4 1947 Carrie F. Campfell	6906 Ritcher Ocoad SE Say 3 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and logibly. MARGIN RESERVED FOR BINDING



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00813

Reg. Dist. No. 247

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Series Stange.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufant, give residence of mother)
City or town	State Maryland County Julie Geo.
How long in above place of death?	City or town (17 outside city or cown limits) write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Note 780 allestown Road
Julius 1000	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war ANOULA MONT
3. (a) FULL NAME	3. (b) Social Security Number
	RGAN
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
myster of morsan	21. I CERTIFY that death occurred on the dale above slated; thal I attended deceased from
B.(b) Name of husband or wife	19 10
7. Birth date of Polity of State of Polity of State of St	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
5. AGE	certe consistin read
Hillmanilla Ohio	Da de la companya della companya della companya de la companya della companya del
9. Birthplace	0000
10. Usual occupation Redwell	
11. Industry or business Mary Yard	Due to
12 Name areauch augran	Olher conditions.
13. Birthplace	
14. Maiden name Denkerow	(Include pregnancy within 3 months of death)
15. Birthplace & Ohio	Major fiadings of operations
2 15. Birthplace	Date of op.
18. Informative Control of the Contr	Autopsy results
Address 780 allertown 13. Wash. 2000	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
18 & Visialow Matto.	
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director the le Industries Co.	Means of Injury Injured at work?
Address :5/7 //: 1+ x, E.	respectly medical painter
1-2- 47 Plan & Gillill	23. SIGNATUNE M. D. of other
19	Address Finestirlly Regite signed - 24

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

JAN 6 1947

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ARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## 00814

#### CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County UNICL USIZE	(For newborn infants give residence of mother)
City or town Laurel	State County
City or town	City or lown
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Land Sanitarum Land Mary land	Street No. 21 Muchigan Que 11 E
How long In hospital or Institution? 13R : 4M. U. P.	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Charles Muler	Mall.
4. Sex   6. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while Smale	10. 10 117 3 b
- Mary	2D. DATE OF DEATH July ary 19 1947 21 3 P. M
6.(b) Name of husband or wife	21. I CERTIFY that teath occurred on the date above stated; that I attended deceased from
	September 19 19.45 10 fam. 19 19.47
7 Right date of	and that I last saw h. Min alive on fanually 19 19 19 47
deceased (mo., day, yr.)  8 AGF: Years   Months   Days   If less than one day	Immediais cause of death
o. Add.	
61 8 22nrsmin.	Las dias decempengalini 1/19/47
9. Birthplace Washing tim, D. C.	Due to following Consulsion
(Town, county, and state)	Thismie Myor andely befor 9/19/45
10. Usual occupation Metall Storeperfey - redered - geff 1944.	Due to Conselline following
11. Industry or business	Cueral himborhow Seff. 1944
# 12. Name Patrick Mulichill	
	There conditions undarterior - Elleron Unh.
\$\frac{13. Birthplace \neland}{}	The state of death
14. Maiden name Calkerine Walsh	Major findings of operations.
5 15. Birthplace Meland	
16. Informant Sassetarem Records	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Autopsy results
Address Laure Samarun, Laure, Mayland	
12 Buring Pate thereof 1-21- 47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whieh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt White	Where did injury occur?
Manheijalan HC	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director fie 3 H Thinks Co	
Address 2901 14th St n W. Hashing low. D.C.	12 CIPHATURE Achar L. Wettered M. U
0 12 12 20 0 1	Z3, SIGNATURET. A.
(Date ree'd by registrar) 19.4 M. Beas Read Registrar	Lakel Santaren M. D. or other
(Date ree'd by registrar) Registrar	Address Escale Mary band Date signed

JAN 22 1947

MARGIN RESERVED FOR BINDING

	for the change		
year of	birth is shown	on MARYLAND STATE DEPARTMENT OF	HEALTH
	108 1/27/47	2411 N. Charles St., Baltimore	40

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### CERTIFICATE OF DEATH

00815 Reg. Diat. No. 242

1. PLACE OF I	DEATH: ince Georges	Count	у	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townBo	radbury, Mary	land	RURAL and give nearest town)	State Maryland County Prince Georges		
City of towis	If outside city or town l	imits, write I	RURAL and give nearest town)	BRADBURY, MARYLAN	D	
				City or town BRADBURY, MARYLAN (If outside city or town limits	write RURAL and give no	earest town)
Hospital, Institution,	or street address where	death occurre	d:	Street No. 5210 SHADYSIDE	AVENUE, S.E.	
0210 01	hadyside Ave	nue, S.	<u> </u>	(lf rural, give		••••••
How long In hospita	or Institution?			2.(a) If veleran, name war	***************************************	•••••
3. (a) FULL NA	ME				3. (b) Social Security	Number
		THO	MAS NAREM		3. (b) Social Security	Mambel
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	MAF	RIED	2D. DATE OF DEATH JANUARY 21s	t, 47	21 7:30 9 M
	and or wife		c) If allve, give ageyears th, 1873 1874	1721. I CERTIFY that death occurred on the date abo	ve stated; that t attended dec	eased from
8. AGE: Ye	ears   Months	Days	If less than one day	Immediate cause of death		months
72	Years		hrsmin.	TOWN MANUALINA UNO I		V. Territoria
		NORWA	Y	On all	***************************************	3 14
9. Birthplace	CARPENI	county, and	state)	Due 10		o mona
10. Usual occupation 11. Industry or bush	ness			Due to	***************************************	***
置 12. Name	Theodore	Narem		Ph. Jun -		***************************************
12. Name 13. Birthplace	Norway	• • • • • • • • • • • • • • • • • • • •	***************************************	Dther conditions		*
		Nonom		(Include pregnancy within 3 n	nonths of death)	
14. Maiden nar 15. Birthplace	Norway	Narem		Major findings of operations Ca Stomack metataris to Ture		
		D14	hath Manon		Date of op.4.1.	-76
1B. Informani	rs. Jeanette	FIIZS	100 th Marem	Autopsy results		
Address	5210 Shadysi	de Ave	nue, Bradbury, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
Buriel			TAN 23rd 1047	22. VIOLENCE: If death was due to external caus	ses, fill in the following:	
17. Burisi cremat	ion, or removal. Which?	Dale then	(month) (day) (year)	Accident, suicide, or homicide	Dale of	***************************************
	CEDAR F					
Cemetery or crem	1d(U) y		***************************************	Where did injury occur?(City or town)	(County)	(State)
Location	JITLAND ROAL	,o.E	WAON . U . U .	Injured at home, farm, Industry, public place (wh	ere?)	***************************************
1B. Funeral director	1 1.	11	Jusons of-	Means of Injury	Injured at work?	-
1	OO W. STREET	NW	WASH D.C	C./ 9	mely	
19 /-	2/ 47	7	Thus & Telles	23. SIGNATURE	М. D.	or other
19.	19		Ragistra	150. 24 D Hope Rd	S.E. D.C. Date algorat	1-21-47



VS-A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Ringe Secrees	2. USUAL RESIDENCE (HOME) OF DECEASED: PRINCE!		
0 4	State		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above piaco of death? 3 6 4 6 9 6 5	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address whore death occurred:	Street No. 6/09 AR b OR St.		
How long in hospital or institution? 9 days	(1f rural, give LOCATION)		
	2.(a) If vetoran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NayLor Lucia K			
4. Sox 5. Udlor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30		
temole W MORRIED	20. DATE OF DEATH 1 - 27 - 1947 at 9/A.		
76. a. h./			
6.(6) Namo of husband or wife Length Day Lore	21. I CERTIFY that doeth occurred on the date above stated; that 1 attended doceased from		
7. Birth date of	and that 1 last saw h e & alive on 1-26 - 1947		
deceased (mo., day, yr.)			
8. AGE: Years Months Days I if tess than one day	March 1 bills in diese		
7 9hrsmin.			
a Richards news 40KK	Boo to		
9. Birthplace (Fown county, and state)	Bue 16.		
10. Usual occupation.	Busha		
11. Industry or business	000 10		
= 12 Name V/c5Ley Robertsons	Other conditions		
12. Name VICSLey Robertson			
	(Include pregnancy within 3 months of death)		
14. Maiden name Manue Oranded  15. Birthplace  Canada	Major findings of operations.		
2 15. Birthpiace Canada	Date of op.		
16. Informant Aus bond	Autopsy results		
Address Same	PHYS1CIAN: Flease underline the cause to which death should be charged statistically.		
Bural Date theroof San, 19/94)	22. V10LENCE: If death was due to external causos, fill in the following:		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory to the two trees	Where did injury occur?		
Location Blodenslawy md	Injured af home, farm, lodustry, public placo (where?)		
18.011110 10	Means of injury Injured at work?		
18. Funeral directors	01 01		
Address C. Copile P. Was L. D.	23. SIGNATURE X LONG YOUR CAS		
10 1/27 1047 amanda Dounes	M, D. or other		
(Date ree'd by registrar)	Address 3711-3811 Dato signed		

JAN 29 1947
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## CERTIFICATE OF DEATH

Reg. Dist. No. 243/

			0.2.1.1.101.		Reg. Dist. No	
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME	C) OF DECEASED:	
County	Prince Ge	orges	······································		(For newborn infants give residence of mother)	
City or town Gler	n Dale,	Maryla	nd. RURAL and give nearest town)	state D. C.	Couply	******************
			RURAL and give nearest town)	Washingt		
Hospital, Institution, or sle	eet address where	death occurre	d:	Streel No. Victory House,		
Glenn	Dal e San	atoriu	m	Streel No	give LOCATION)	
How long in hospital or in	sillution? 7	days		2.(a) if veleran, name war		V
3. (a) FULL NAME				Election and an arrangement of the second		
3. (a) FULL NAME	WAL	TER	P. NOLA	$\vee$	3. (b) Social Security	Number
4. Sex 5	. Color or raco	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Se	parated	0	20 .110	. 1 75
MALO				2D. DATE OF DEATH.		
6.(b) Name of husband or	wite Ther	esa Ho	ward	21. I CERTIFY Ihal death occurred on life dat	e above stated; that I atlended dece	ased from
		ė.	(c) If alive, give age	JAN 22	1847 to JAN.	19.4
7. Birth date of				and fhal I last saw h	JAN. 30	19.4.
deceased (mo., day, yr.)				Immediate cause of death		DURATIDA
8. AGE: Years	Months	Days	If less than one day	TUBERCULOSIS OF	UNGS	.3
53 53	0	16	hrsmin.			
9. BirthplaceDub]	in, Irel	and county, and n	atate)	Bue to		
11, Industry or business				Due 10.		• • • • • • • • • • • • • • • • • • • •
						***************************************
F	Dublin,					
				(Include pregnancy within 3 months of death)		
14. Maiden name	Margaret	O'Bri	en .			
TON 45 Bishalasa	Dublin,	Irelan	d	Major findings of operations		
	_	1	41 4 4			
16. Informant	Deceased	***************************************	( j.	Autopsy results		
Address		1				
1	. /	100	2/2/17	22. VIOLENCE: If death was due to externa	al causes, fill in the following:	
17. (Bulial, cremation, or	removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Date of	
			, , , , , , , , , , , , , , , , , , , ,	Where did Injury occur?(City or to		***************************************
Cemelery or crematory	1 0	- 0	P			(State)
Location 7	m gln	- /N.		Injured at home, farm, industry, public plac	e (where?)	
18. Funeral director A	of on	hou	for (1	Means of Injury	Injured at work?	
IB. Puneral director		4	PA a out	0 . 0	D. M.	
Address 1700	cha	Fan	to allow.	23. SIGNATURE X January A	es Timeca	il ms
0 2	o link	0.0	and of Philips	23. SIGNATURE.	M. D.	or other
19.	19.7.	Louise	Hegistrar	Male Md Bate 1-30 my		

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2-2430 --- 2-10

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(Dute rec'd by registrar)

PLEASE WRITE PLAINLY

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

Registrar

E OF DEATH	Rog. Diat. No. 23/				
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
Slate County	Prince Georges				
City or town (1f outside eity or town limits, write	The coff for RURAL and give nearest town)				
Street No. 5306 T. Lden	Rd				
(If rural, give LOCAT	ION)				
2.(a) If veteran, name war					
3. (	) Social Security Number				
T					
MEDICAL CERTIF	FICATION				
2D. DATE OF DEATH.	5 1947 at 3 P. N				
21. I CERTIFY that death occurred on the date above stated					
	to 1947				
and that I last aaw h alive on	15 19 4 7				
Immediate cause of death	DURATION				
Carde-e faclar	2				
mit extreme laure	e Z				
Due to					
Carecus of o	Tever.				
Due to					
Other conditions along / y d	and the same of th				
(Include pregnancy within 8 months of	f death)				
Major findings of operations					
	Dale of op				
Autopsy results	h should be charged statistically.				
22. VIOLENCE: If death was due to external causes, fill I	n the following:				
Accident, suicide, or homicide	Date of				
Where did injury occur?(City or town)	(County) (State)				
Injured al home, farm, Industry, public place (where?)					
Means of Injury	Injured at work?				
23. SIGNATURE Joseph 2 150	uden in I				
	M. D. of Other				
Address Hyattarlly	Date signed ///3/47				

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Instillution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 4. Sex 5. Color or race Make m 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months If less than one day 9. Birthplace..... (Town, county, and state) 10. Usuat occupation. 11. Industry or business 13. Birthpiace 15. Birthplace Address (Burial, cremation, or removal. Which?)

Edward M. Mutlet RECUTTERS JAN 20 1947 BUREAU Y & - 200 - Rich mt. Manue met

#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
Dounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro iofants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   6. (b) Single, married, widowed, or divorced   6. (c) Single, widowed, or divorced   6. (c) Single, widowed, or divorced   6. (c) Single, w	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH
6.(b) Name of husband or wite  6.(c) It alive, give age 3.8. years  7. Birth date of deceased (mo., day, yr.)    8. AGE: Years Months Days If less than one day  40    10. Birthplace (Town, eounty, and state)  11. Industry or husiness (12. Name)  12. Name  13. Birthplace 14. Malden name.	21, I CERTIFY that death occurred on the date above stated; that i attended deceased from  19
16. Informant Man.  Piddress  17.  (Burial, cremation, or remain Which:  Cemetery or crematory,  Location  18. Funeral director,  Address  19.  19.  19.  19.  19.  19.  19.  1	Date of op.  Autopsy results
(Date rec'd by registrar)	Address Data signed 1-2-

The correct age WITH UNFADING INK. Supply every item of information carefully. The or important, Physicians; please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

VS A15 9.4

WRITE PLAINLY, WITH UNF is especially important.

PLEASE



MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Les. Dist. No. 2432

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Sunce Cearge	m 1 . 1 2	0
City or town	State Manual And County Tank El	well
How long in above place of death? Five years	(If outside city or town limits, write RURAL end give near	rest town)
Hospital, Institution, or street address where death occurred:	Street No.	000000000000000000000000000000000000000
no	(If rugal, give LOCATION)	
now long to nospital or institutions.	2.(a) tf veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	Number
trank Parker	1	24
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A
Male Colord Jungle	20. DATE OF DEATH Lanuary 1 19.48	9:30 M
6.(b) Name of husband or wife	21. I CERTIFY that leath occurred on the date above stated; that attended decea	sed from
"6,(c) It alive, give ageyears	reptember 1 19 46 10 fan 1	19.4./
7. Birth date of	and that Plast saw h. M. alive on	19.46
8. AGE: Years Months Days It less than one day	Immediate cause of death Onflatin	DURATION
West 80hrsmin.	Heart Folkery	1 mouse
9. Birthplace anne arundel aunty	Due to Mysocardillo	10 grs
10. Usuat occupation		***************************************
11. industry or business Farm	Due to	***************************************
12. Name Wahnson 13. Birthpiace Unhnoun	Other conditions arteris elevasis	15 gm.
13. Birthplace WWNGWV	(include pregnancy within 3 months of death)	
14. Maiden name. If while will	Major findings of operations.	
2 15. Birthplace Unhyperon	Date of op.	
16. Informant July Many Market	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Address // Collegelle / 127	22. VIOLENCE: tf death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicid or hamleide Date of	
Cemetery or crematory Carroll Chusel	Whore did injury occur?	(State)
mitabollantle mil	Injured at home, farm, industry, public place (where?)	- Courtey
CO a page 7-30 de 2	Means of injury Injured at work?	
18. Funeral director.	0 0 1	
Address Milchellerle, mc.	banus & Harr	cen
19 Jan 1 1947 Louise H Veach	23. SIGNATURE MOST D. O.	r other
(D) rec'd by registrar) Registrar	Address FY10 10000 Date signed.	7.4.

JAN 7 1947

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2-2430 - 2-10

LUCK SAMPLE CARLES AT CHARAC

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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine consequence is especially important. Physicians: please write the causes of death clearly and legibly.
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A15	ASE
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1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale, Maryland.  (If outside city or town limits, Write RURAL and give nearest town)  How long in ebove piece of deeth? 3				Stete Da Ca  City or town Washingt  (if outside city  Street No. 4104 13	Cily or town PAGNITIE COM  (if outside city or town limits, write RURAL and give nearest town)  Street No. 4104 13th Place, N. E.  (If rural, give LOCATION)		
3. (a) FULL NAME				2.(a) 11 Veteren, neme wer		3. (b) Social Security	Number
J. (u)	and the same of th	RY,	CATHERINE	13.		3. (o) bottat beetatty	
4. Sex	5. Color or rece	6.(a)Sing	e, merried, widowed, or divorced	ME	DICAL O	CERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH	lan.	21, 1947	630
6.(b) Name of husband 7. Birth dete of decessed (mo., day, y	77 - 3-	6.0	c) If alive, give ege	21. I CERTIFY that death occurred	00 the date e	shove stated; that I attended decr	eesed from19
8. AGE: Yeers	Months	Deys	If less than one day			beredosis	
71 7	1 9	12	hrs.		7		31 pr
S. Birthpiece	Richmondvi (Town.	lle	ew York	Oue to			*

1D.	Usuel occupetion	Housewile	
11.	Industry or busines		Ĭ,
THER	12. NameJ	C. Biret	
FATH	13. Birthpiece	Germany	

14. Melden ne 15. Birthpiace New York

Deceased.

Address

Sara C. Gould

Where did Injury occur? ...... Injured at home, ferm, Industry, public place (where?) .....

Means of Injury

Accident, suicide, or homicide,.....

Major findings of operations......

(Include pregnancy within 3 months of death)

22. VIOLENCE: If deeth wes due to externel ceuses, fill in the following;

(City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work?

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JAN 28 1947

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2-25

2-2430 - 2-10

#### Baltimore

	00821
	2371
Reg. Dist.	No.

#### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Servers	2. USUAL RESIDENCE (HOME) OF DECEASED.  (For newborn infants give residence of mother),
City or town	State Many County Smile Story
How long in above place of death?	City or lown
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Benjamin F. Rawling	3. (b) Social Security Number
4. Sex 5. Color orface 6.(a) Single, married, widowed, or divorced  Male White Warned	20. DATE OF DEATH. Jan 12 1946 110 P.
E P. D. D	20. DATE DF DEATN. 19 19 19 19 19 19 19 19 19 19 19 19 19
8,(b) Name of husband or wife	Jan 15 1944 10 fram 12 1949
7. Birth dats of	and that I last saw h far alive on farm
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate sause of death
42 4 27hrsmia.	Allugary processes
Mat 1 )	Due to
9. Birthplace (Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Wallace Vavolings 13. Birthpiace Nothing ham. This	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name A brothy Swavell 15. Birthplace nottinghan	Major fiadings of operations.
(Para a ") / a / 0	Date of op.
16. Informant VALLEY	Autopsy results
Address Wellynn,	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (day) (year)	Accident, suicido, or homicide
Cemetery or crematory Mt Carmel	Whers did lajury occur?
Location Supplex Marlboro and	Injured at home, farm, Industry, public place (where?)
18. Funeral director of ticher Bras	Mesns of Injury Injured at work?
Address Pepper Marlboro and	Colm E. Bowers, Un A
10 Jan 14 1047 James BHaylor	M. D. or other
Date rec'd by registrar) Q Registrar	Address & Bandy www wo Date signed \$/12/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2-2370

2411 N. Charles St., Baltimore

1310

00822

#### CERTIFICATE OF DEATH

Reg. Diat. No. 2 300

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince Glangla	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Marghand Country result floright
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Rt. DP. + a & B. Il well How
Retired Prests and Iralher mathe Hom	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gabriel Kennigus	
4. Sex S. Color or race 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH Juneary 2 6 18 47 21 11:00 A
	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	19 10
7. Birth date of CCV	and that I last saw halive on
deceased (mo., day, yr.) Que 9, 1898	Immediair cause of death
8. AGE: Years Months Bays If less than one day	acute congestine heart
48hrsmin.	Jacliere
9 Richaiges Cet n. D.	pho Cardinascular renal
(Town, county, and atate)	discard
10. Usual occupation Cottlelee & Stother	Due 1o.
11. Industry or business. Returned	000 10
	Dither conditions Exclessive
12. Name have Saliet Hayes	
	(Include pregnancy within 8 months of death)
14. Maiden name Ellew Care 15. Birthpiace Dreland.	Major findings of operations
E 15. Birthpiace Triband.	
18. Informant Brather Cleas	Autopsy results
Address answer dale had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7-28-47	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Grothero Cemetery	Where did Injury occur?
location ammendale - mid	tnjured at home, farm, Industry, pub <sup>11</sup> c place (where?)
11211	Means of Injury ! Injured at work?
18. Funeral director	Deput medical Gamener
Address Kweidall - mg. d.	as significant of the state of
19 January 27th 19 47 John a Smith	23. SIGNATURE. M. D. Grother
18 annung of 19 T	tolestull med note signed 7-26-41

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WRITE PLAINLY, WITH WINFADING INK. Supply every item of information carefully. The discount is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1310

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infoots give residence of motives)
Ш	County	The second second
III	City or town	State County County
	How long in above place of death? 4 4	(If outside city or town limits, write RURAL and give nearest town)
- 11	Hospital, institution, or street address where death occurred:	Street No. 4940 Santland Road XZ
	4940 Sulland 1 4 2	(If rural, give LOCATION)
	Now tong in hospital or institution?	2.(a) If veferan, name war
	3. (a) FULL NAME Ira Day Remol	3. (b) Social Security Number
	4. Sez   5. Color or race   6.(a) Single, married, widowed, or divoked	MEDICAL CERTIFICATION
#	Quali Walet IN da in	114
	many breaking	20. DATE DF DEATH. 19.7 21.
	6.(b) Name of husband or wife. ann Eliza Reguests	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	6.(c) If allive, give age	12 19.14 7 10 July 2 4 19.8
	7. Birth dafn of	and fhat tast saw halive on
	deceased (mo., day, yr.)  R A (.F. Years   Months   Days   If less than one day	Immediate cause of death
	8. Add.	Cerebal Marombores
	\$ 6 / 7hrsmln.	
	9. Birthplace	Due to Carlos reverses
	V 177 A	deser
	10. Usual occupation	Due fo
	11. Industry or business farmer	· · · · · · · · · · · · · · · · · · ·
	12. Name Parket 13. Birthplace Vigaria	Other conditions
	13. Birthplace V. August	
	# SI - Desthe day	(Include pregnency within 8 months of death)
	14. Malden name	Major fiodings el eperatioos
	El 15. Birthplace Vicenia	
	16. Informant Cola Clares	Autopsy results
	Address 2912 - nelson Bace At Nalyler	
	1 2/19/12	22. VIOLENCE: If death was due to external causes, filt in the following:
	(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Hendersons Methodist Ch. Cenc.	Where did fajury occur?
	Lastina Callas, Vissima	Injured of home, farm, industry, public place (where?)
	Location Lagrangian August 1	Means of injury Injured at work?
	18. Funeral director. All Mes	
	Address 317 Penna Cec. S. E.	I Soul
	1/25 17 419 14111	23. SIONATURE M. D. seather
	19. (Date ree'd by registror) Registrar	Address topastisted med Date signed - 24-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuily. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause tu which death should be charged statistically 22. VIOLENCE: If death was due to external causes, till in the following: (State) (County) Injured at work?

JAN 24 1947 BUREAU VB.

#### MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2431

1. PLACE OF DE		in a man		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County - Prince Georges Glenn Dale Maryland				State D. C. County		
City or town				10/ 1- 2		
How long in above place of death? 4 months.			(II Outside city of town minute	, write RURAL and give ne	arest town)	
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium			Street No. 405 - 50th St.,	N. E.		
				(If rurel, give	LOCATION)	/
How long in hospital o	institution?4	months	***************************************	2.(a) if veteran, name war		V
3. (a) FULL NAM	E		SON, SUSA	N E.	3. (b) Social Security	Number
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	Colored	Me	rried	2D. DATE OF DEATH	. 24 19 47	850a
6.(b) Name of husband	Win	aston R	obertson	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	eased from
		***************************************	. 91	9/23 19.	46 10 1/24/	47 19
7. Birth date of	***************************************		) tf alive, give age 21 years	and that I last saw hailve on	1/24	19 47
deceased (mo., day, )	m.) Sept	8, 19	25	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	mulmanary		
21 21			hrsmin.	Tuberculasis	•••••	6 recos
9. Birthpiace	Orange, V	irginia county, and	tate)	Due to	•••••••••••	* *************************************
				Due to	······································	•
	11. Industry or business  12. Name Lenwood Howard  13. Birthplace Orange, Virginia				······································	
불 12. Name	nwood Low	ard		Dther conditions		
13. Birthplace	Drange, Vi	rginia		(Include pregnancy within 3 r		
14. Maiden name.	Rebecca	E. Hov	ard			
Б	Orange,			Major findings of operations		
≥ 1 15. Birthpiace					Date of op	
16. Interment	Deceas	ed		Autopsy results		
Address				PHYStCIAN: Ptease underline the cause to wi	nich death should be charged	statistically.
ORe	word		· Jan 24.1942	22. VIOLENCE: If death was due to external cau		
(Buriol cremation	or removel. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory				Where did injury occur?(City or town)	(Complet)	(Stata)
(Washington )			lon DC			(State)
Location			injured at home, farm, industry, public place (wi			
18. Funeral director	buth	Wa	bney,	Means of Injury	Injured at work?	
Address H	72-m	1-8	r-7.4.	on course Haniel Po	o France	ne mo
0-	24 . V=1	PALL	land & Philips	23. SIGNATURE	M, D.	or other
(Date ree'd by re	gistrar)		Registrar	Address V Lenn Dale	May Date signed	1-24-47

FES 4 1947 BURNAU VE

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PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00826

Reg. Dist. No. 243/

1. PLACE OF DEATH:  County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	Stale	
How long in hospital or institution?	2.(a) It veleran, name war	V
3.(a) FULL NAME LOUISE ROGINSOI	3 (b) Social Security Number	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	870
Female Colored Married	20, DATE OF DEATH	P
8.(b) Name of husband or wife. James M. Robinson  6.(c) If alive, give age 27. years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  State 4. 19. 46. to Jan 19. 19.  and that I last saw h. ex. alive on	
deceased (mo., day, yr.)  December 23, 1919  8 AGE- Years   Months   Days   If less than one day		RATION
6. AGE.	Pelmonary Tuberculosis 13	
27 27 0 26hrsmin.	Tuberculosilo Sping 13	mo
9. Birthpiace	Due to	n.s
12. Name Monk Lindsey  13. Birthplace South Carolina	Other conditions	
14. Malden name Nanc.y. Williams	(Include pregnency within 8 months of death)  Major findings of operations	
16. Informant Deceased	Antopsy results	
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory  Cemetery or crematory  Cemetery or crematory	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide	
Location JAO St. Lat. 40	Injured al home, farm, Industry, public place (where?)  Means of Injury tnjured at work?	
18. Funeral director	mans of mp()	
Address 170 &- 12 th St. N.W.  19. Jan. 19. 1947 Rowland & Philips.  (Date foo'd by registrary  (Date foo'd by registrary)	23. SIGNATURE Daviel Leo Finicare M. D. or other  Address & Lem Dale Md. Date signed 1/19	19

JAN 28 1947 BUREATINE

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CERTIFICATE OF DEATH

State Maryland

Means of Injury

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County Pro Geo County

19. (Date rec'd by registrar)

1. PLACE OF DEATH: Georges County Hyattsville Maryland
(If outside city or town limits, write RURAL and give nearest town) vears How long in above place of death?. Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME Laura Simpson 8.(a) Single, married, widowed, or divorced 4. Sex female white widowed 5.(b) Name of husband or wife John Simpson .6.(c) If alive, give age ......years rebruary 13. 1857deceased (mo., day, yr.) If less than one day 8. AGE: Years 89 rennsylvania 9. Birthotace ..... (Town, county, and atate) at home 1D. Usual occupation... 11. Industry or business 12 Name William Banes 12. Name...... 13. Birthplace Pennsylvan ia 14. Maiden name Lydia Ann Bloom rennsylvania E 15. Birthplace Miss Elizabeth Banes Hvattsville Maryland Address Date thereof and 18 1947. 17. Burial (Burial, cremation, or removal. Which?) Fork North Virginia. Gasch's Sons Hvattsville Maryland

Hvatts ville marvland (if outside city or town limits, write RURAL and give pearest town) 40th Place-(If rurai, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21 CERTIFY that death occurred on the date above stated: that I attended deceased from Other conditions 1000 (Include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? ...... injured at home, farm, industry, public place (where?) .......

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

8/-	15. 150.	00828	
00	Reg	g. Diat. No. 23/	

1. PLACE OF DEATH: County Leaves	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State Many Land County Trunco Yearge
How tong in above place of death?  Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and giv nearest 1979)
nusurial, mainunin, or ancer authors where costs opportunity	Street No. COO CO (If rurat, give LOC (TIDN)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mellie M. Smith	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
42 Coloned Married	20. DATE OF DEATH. January 23 1947 at 5 a. 1
6.(b) Name of husband or wife John W. Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. S. alive on 2 at 2 7 19 4 7
deceased (mo., day, yr.) Febry 28, 1904	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day	
hrs. min.	Careenoma Utories 24ear
9. Birthplace Prince Teatyleo, Mary Caree (Town, country and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Teas Across	Other conditions
🔄 13. 8irthplace / <	(Include pregnancy within 3 months of death)
E 14. Malden name Jennie & Talley	Major findings of operations.
15. 8irthplace many land	
16. Informant Many and Il seliamy	Autopsy results
Address 6001 Caucafieles Road	
(Burial, cremation, or removal. Which?)  Date thereof. Amonth (day) (year)	VIOLENCE: It death was due to external causes, till in the following:     Accident, suicide, or homicide
Cemetery or crematory Weodleaus andley	Where did injury occur?
Location Marghand Dal Dal	Injured at home, tarm, industry, public place (where?)
18. Funeral director/// Christoff Sury Co.	Means of Injury Injured at work?
Address 1432 yould not my	23. SIGNATURE CO. a. Coloco fr. M.D.
19. (Date red d by registrar) Deputy Registrar	111 1 Fin at Rt West (M. D. or other Tan 2 3/10
(Date rec u by registrar)	Address Date signed Management



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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Reg. Diat. No. 243

City or town	nce George nn Dale, A utside city or town li of death? 7 Mos street address where ale Sanato institution? 7 II	Marylan mits, write R i., 9 d death occurred prium nos., 9	days	City or town. Washington, II (If outside city or town I Street No	County  Inits, write RURAL and give new  AVECCATION No.,  3. (b) Social Security  219-16-1	Number
Male	Colored		ngle		CERTIFICATION	5- 0
Mare	COTOLAG	DI	ugra	20. DATE OF DEATH.		
8.(b) Name of husband or wife			c) If alive, give ageyears	21. I CERTIFY that death occurred on the dat	10 /6 10 Jan.	3 19 4 7 19 4 7
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tule		8 mo.
26 26	9	9	hrsmln.	0	,,	*
9. Birthplace Mayo, Maryland (Town, county, and state)  10. Usuat occupation Janitor  11. Industry or business Roominghouse  12. Name William S. Smith  13. Birthplace Maryland				Due to  Dither conditions  (Include pregnancy with)	in 3 months of death)	3/2 412.
14. Malden name.	Elnora S Maryland	mith		Major findings of operations.		
16. Intermant Deceased				Autopsy vessits	to which death should be charged	statistically.
17. Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof, (month) (day) (year)			100 111	22, VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur?	Date ofwn) (County)	(State)
Location Mayo ause arundello Mg			e arundero 10g	Injured at home, farm, Industry, public plac		
18. Funeral director  Address  19. (Date ref. h by registrar)  19. (Date ref. h by registrar)				23. SIGNATURE aniel Landons Address Vilena Kale	Ro Pinecane M. D. Mal Bate signed	or other

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(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

Thay 2411 N. Charles St., Baltimore

Date signed.

CERTIFICAT	E OF DEATH Reg. Dist. No.
County County City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospitai, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town inputs, write BURAL and give nearest town)  Street No. 4320  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Rebecca mary	atoner 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dispred  Lemale with widoward  6.(b) Name of husband or wite	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1846, to 27, 1847.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  93 6 23hrs. min.	and that I last saw here alive on James 20 1947.  Immediate cause of death DURATION / Low
9. Birthplace	Due to.  Other conditions
12. Name 13. Birthplace  14. Maiden name  15. Birthplace  Penna  15. Birthplace  Penna  Penna  Penna  Penna  Penna  Penna  Penna	(Include pregnancy within 8 months of death)  Major fiedings of operations
18. Interment was oreon the Address university Park and 17. Burial (Burial, cremation, or removal, Which?)  Date thereof (March) (Marc	Actopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Exhertown Cemelers  Location Exhertown Cennel  18. Funeral director Exhertown  19. Supplies Const.	Where did Injury occur?
Jan 27 1947 Jams Sever	23. SIGNATURE JOURS M. D. or other M. D. or other

Registrar

JAN 29 1947
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00832

Reg. Diat. No. 2431

	1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale, Maryland.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 yrs., 3 mos., 24 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 2 yrs., 3 mos., 24 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	ity Number
ı	THEODOYE STUKE		498
l	4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 12 .
ŀ	Male Colored Married	20. DATE OF DEATH Jan 20 18.4	7.3'A
	6.(b) Name of husband or wife. Catherine Stukes  6.(c) If allve, give age. 25  7. Birth date of deceased (mo., day, yr.)  July 5, 1918	21. I CERTIFY that death occurred on the date above stated; that I attended of the state of the	20/ 19 4/ 19 47 DURATION
ı	8. AGE: Years Months Days If less than one day	Palmaray Tuberculosis	4 4 6 mu
	28 28 6 15	Buo to Publiculosis VITabras  Tula Culosis Kiching  Due to	27 ms 150
	July Stukes	Other conditions	
	13. Birthplace Clarington Co., South Carolina  Handler name Emma L. Bozier  14. Malden name Clarington Co., South Carolina  15. Birthplace Clarington Co., South Carolina	(Include pregnancy within 8 months of death)  Major fiedings of operations	
	18. Informant Deceased	Autopsy results	
	Address  17 Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location to Washington D. C.	PHYSICIAN: Please underline the cause to which death should be char.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide	(State)
	18. Funeral director Malvan + Seley Inc Address & 24 R St. 2. W.	23. SIGNATURE Daviel Leo Pinece  Meena of Injury  tnjured at work?  Proceedings of the state of	D. or other



2430 - 2-10

WRITE

PLEASE

1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00833

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

\* Reg. Dlat. No. 2 431

County. Prince Georges  City or town. Glenn Dale. Maryland (If outside city or town limits, write RURAL and give nearest town)  How long In above place of death? 5. Mos., 5. days.  Hospital, Institution, or street address where death occurred:  Glenn Dale Sanatorium  How long In hospital or institution? 5 mos., 5 days  3. (a) FULL NAME	(For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	579-05-7170
Male Colored Married	MEDICAL CERTIFICATION  20. DATE OF DEATH Sany 22 22 19 47 21 5 P. 1
5.(b) Name of husband or wife Lulu Taylor  5.(c) If alive, give age 24  7. Birth date of deceased (mo., day, yr.) March 5, 1910	21. I CERTIFY that death occurred on the date above etated; that I aftended deceased from and that I last eaw hissalative on focus 22 mol 1947.  Immediate cause of death.  DURATION
8. AGE: Yeare Months Days If less than one day	Immediate cause of death
36 36 10 17hrsmin.	( ulmmary deberculoris topm
9. Birthplace Wilson, North Carolina (Town, county, and atate)	Due 10
10. Usual occupation. Moulder	Due to
11. industry or businees Buffalo Aircraft Co.	300
置 12. Name Joe Taylor	Diher conditions
13. Birthplace Wilson North Carolina	(Include pregnancy within 3 months of death)
# 14. Maiden name Mollie Sims.	
14. Maiden nameMollie Sims	Major findings ol operations.
	Date of op.
16. Informant Deceased	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, euicide, or homicide
	Where did Injury occur?
Cemetery or crematory.	
Location	Injured at home, farm, Industry, public place (where?)  Meane of Injury  Injured at work?
18. Funeral director	Meane of Injury Injured at work?
Address 30 A SYLC	Lancel Con Finencia ms
19. Day 22, 1947 Rowlands, Philips (Date 19th of by registrar)	23. SIGNATURE Dale M.D. or other  Address Denn Dale Md. Date signed 1/22/47



2-12430 - 2-10

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CERTIFICAT	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME 7 logd Homelton Les	3. (b) Social Security Number
4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  where the second or wife	2B. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Lie 25, 1909  8. AGE: Years Months Days If less than one day	and that I last saw h alive on 18.  Immediate cause of death DURATION  Description about 3 or 19.  Duration about 3 or 19.
10. Usual occupation	Other conditions
15. Birthplace  16. Informant.  Address 4 20 3 Commandary Region (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Major findiogs of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underlise the cause to which death should be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicided.  Where did injury occur?
Cemetery or crematory Lel function  16. Funeral director Lessels ports  16. Funeral director Lessels ports  16. Funeral director Lessels ports  19. (Date/fee'd by registrar)	Injured at home, farm, industry, public place (where?)  Meens of fajured at home, farm, industry, public place (where?)  23. SIGNATURE  Address  Date signed

UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 AS PLAINLY, WITH UNF is especially important.

PLEASE WRITE



2-2450 -- 1-10

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(Date rec'd by registrar)

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age	is	shown	on	,
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# ofmaryland state department of health 2411 N. Charles St., Baltimore

# 1310

# CERTIFICATE OF DEATH

	Reg. Dist. 140La.la.la.la.la.la.la.la.la.la.la.la.la.la
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frince See Ale Ale	(For newborn infants give residence of mother)
City or town CHL Wel-/ (If outside city or fown limits, write RURAL and give nearest town)	State Maryland Bounty Proce George
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Prince George General Hospilal	Streel No. (if rural, give LOCATION)
How long in pospilal or Institution? 2 days	2.(a) If veteran, name war
3. (c) FUL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w marind	20. DATE OF DEATH AU. 5 147 1144 A
6,(b) Namo of husband or wife mangaret welst	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
	3d A 18 1 10 JAMES 184
7. Birth date of deceased (mo., day, yr.) Oct 21, 1869-	and that I last saw harmanily on 1947
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
77 1/8/	are typulling
	La trade de la constante de la
9. Birthplace (Toyy), county, and state)	Due to My
10. Usuat occupation Electrician	11 17 Oh 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11. Industry or business Retired	Due to
12. Name Charles Welsh 13. Birthplace Pa	Other conditions
E unknown	(Include pregnancy within 8 months of death)
14. Malden name.  Pa  15. Birthplace  Pa	Major findings of operations
E 15. Birthplace	Date of op.
18. Interment Coules Welst	Autopsy results
Address 4230 Ruck st Washington 1.4.C	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Bu=! 1.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, commation, or remoyal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fort Liseoth	Where did injury occur?
location washington of C.	Injured at home, farm, industry, public place (where?)
I Graselia sona	Means of Injury Injured at work?
18. Funeral director	
Address Syamone may	23. SIGNATURE OF ORGAN
19. 19.47 Umanda Darcuer	M. X a A A A A A A A A A A A A A A A A A A



Wels Evidence for the changeof MARYLAND STATE DEPARTMENT OF HEALTH year of birth is shown on 2411 N. Charles St., Baltimore 1310\_ B 108 2/13/47 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County outside city or town timits, write RURAL and give pearest town Hospital, institution, or street address where death-occurred: death clearly (If rurai, give LOCATION) information of death cle How long in hospital or institution 2.(g) It veferan, name war...... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 30, 194 7. Birth date of deceased (mo., day, y) Supply DURATION 8. AGE: If less than one day ease d 'ADING INK Physicians: ] (Town, county, and state) 11. Industry or business Crawford important. enna 13. Birthplace (Include pregnancy within 8 months of death) 18. informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) (month) (day) (year) Where did Injury occur? ..... WRITE Cemetery or crematory (County) (State) (City or town) Injured at home, tarm, Industry, public place (where?) ..... Means of Injury Injured at work? PLEASE 23. SIGNATURE. (Date rec'd by registrar) Suro

FOR

ARGIN RESERVED

Andames P. Boyd, modical Staminer notified Jan, 30, 147,



2-2450-1-10

	Eviden				C
	age is	sh	nown	on	
l	G 108	2/8	5/47		

How long in above place of death?....

How long in hospital or institution?.

3. (a) FULL NAME\_\_\_\_.

Years

Months

Days

(Town, county, and state)

Date thereof.

If less than one day

(طيوd)

Registrar

Means of Injury

23. SIGNATURE ..

Address.....

.....hrs.

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

fD. Usual occupation.... 1f. Industry or business 質 f2. Name.....

13. Birthplace

Cemetery or crematory

(Date rec'd by registrar)

fB. Funeral director

PLEASE

NS

14. Maiden name

f6. Informant Address

8. AGE:

Hospital, institution, or street address where reath occurred

1. PLACE OF DEATH:

ange of

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00837

## CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No	<u></u>
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	
State Wash. P.C Coun	ty	
City or town(If outside city or town limits,		reet town)
Streel No. 1338 4 St 54		
		V
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	.1 44
20, DATE OF DEATH	0 19.47	, a 2 A
21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
- ( 19		1947
and that I lest say halive on	Jack 19	19.47
Immediais pase of desth	/	DURATION
Immediain types of dosth	and the state of t	· · · · · · · · · · · · · · · · · · ·
Due to Attention when		
There is		unter
Due to	Laket	
	***************************************	
Dither conditions		
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
Actopsy results	ch death should be charged	statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
injured at home, farm, industry, public place (who	ere?)	

Injured at work?



MARYLAND STATE DE	PARTMENT OF HEALTH
2411 N. Charle	ea St., Baltimore 830
CERTIFICAT	TE OF DEATH Reg. Diat. No. 242
1. PLACE OF DEATH:  County FRINE FOR 6 E  City or town BO LE LARE: HE TS  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME ROBERT. WOLFE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED.	20. DATE OF DEATH A A 12 U A R. V. 25. 1947 st 2 2
B.(b) Name of husband or wife CATHERINE.  6.(c) If alive, give age years deceased (mo., day, yr.) MARCH. 12. 18.7 (c)  8. AGE Years   Months   Days   If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Days tiles than one day  7.0 // /3	Due to Decesar Sclerains Wells  Bue to
12. Name Listellisowa 13. Birthplace Listellisowa 14. Maiden name Louis A. F. Bowman.  15. Birthplace Listellisowa 15. Birthplace 1	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations
18. Informant VAZEL D. KELLER. Address4709 3rd OL. UW.	Antopsy results
(Burist, cremation, of removal, Which?)  Cemetery or crematory  Location  Date thereof.  (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director S. M. Chambers Co.  Address 7  19. /2 5  (Onto rec'd by registrar)  Aggistrar	Mesns of tnjury  tnjured at work?  23. SIGNATURE  M. D/er other  Address Double algoed

Deate algued ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and leg MARGIN RESERVED FOR BINDING VS A15

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2-2420-1-10